2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23845

Entity Name: SAVE-A-TURTLE, INC.

SEARS, JERI

1285 26TH ST OCEAN

MARATHON, FL 33050

BIG PINE KEY, FL 33043

HOBBS, JEANETTE

263 SHIPSWAY

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1285 26TH STREET OCEAN MARATHON, FL 33050					
Current Mailing Address: P.O. BOX 361			New Maili	New Mailing Address:	
ISLAMORADA, FL 33036					
FEI Number: 65-0023815 FEI Number Applied For () FEI Nu			Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SEARS, JERI 1285 26TH STREET OCEAN MARATHON, FL 33050 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () I SWEET, ELAINE 30246 WATSON BIG PINE KEY, F	BLVD.	Title: Name: Address: City-St-Zip:	V (X) Change () Addition MASON, ELAINE 30246 WATSON BLVD. BIG PINE KEY, FL 33043	
Title: Name: Address: City-St-Zip:	T ()[PELTON, DORIS 147 CANAL ST. TAVERNIER, FL		Title: Name: Address: City-St-Zip:	T (X) Change () Addition WOLVIN, LYDIA 590 80TH STREET MARATHON, FL 33050	
Title: Name: Address: City-St-Zip:	D () I WELLS, PAT, LONG KEY STAT LONG KEY, FL	Delete E REC. AREA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I MARKEY, MONA 36850 OVERSEA BIG PINE KEY, F	AS HIGHWAY	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MARKEY, MONAY 36850 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043	
Title:	P ()[Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: LYDIA WOLVIN T 04/25/2008

(X) Change () Addition

COFANO, DONNA

MARATHON, FL 33050

1361 OVERSEAS HIGHWAY, B-6