

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23845

FILED
Apr 25, 2009
Secretary of State

Entity Name: SAVE-A-TURTLE, INC.

Current Principal Place of Business:

1285 26TH STREET OCEAN
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 361
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 65-0023815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, JERI
1285 26TH STREET OCEAN
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

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:

Title: V () Delete
Name: MASON, ELAINE
Address: 30246 WATSON BLVD.
City-St-Zip: BIG PINE KEY, FL 33043

Title: T () Delete
Name: WOLVIN, LYDIA
Address: 590 80TH STREET
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: WELLS, PAT
Address: LONG KEY STATE REC. AREA
City-St-Zip: LONG KEY, FL

Title: D () Delete
Name: MARKEY, MONAY
Address: 36850 OVERSEAS HIGHWAY
City-St-Zip: BIG PINE KEY, FL 33043

Title: P () Delete
Name: SEARS, JERI
Address: 1285 26TH ST OCEAN
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: COFANO, DONNA
Address: 1361 OVERSEAS HIGHWAY, B-6
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HALLE, HERLINDA
Address: P. O. BOX 926
City-St-Zip: LONG KEY, FL 33001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SEARS, JERI
Address: 1285 26TH ST OCEAN
City-St-Zip: MARATHON, FL 33050

Title: P (X) Change () Addition
Name: COFANO, DONNA
Address: 1361 OVERSEAS HIGHWAY, B-6
City-St-Zip: MARATHON, FL 33050

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.

SIGNATURE: HERLINDA HALLE

T

04/25/2009

Electronic Signature of Signing Officer or Director

Date