

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED  
AND  
FILED

96 AUG -2 AM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29269** (0)

1. Corporation Name

**SAVANNAS RESERVE ENDOWMENT, INC.**

Principal Place of Business

Mailing Address

**9551 GUMBO LIMBO LANE  
JENSEN BEACH FL 34957**

**9551 GUMBO LIMBO LANE  
JENSEN BEACH FL 34957**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/14/1988**

3a. Date of Last Report

**03/20/1995**

4. FEI Number

**65-0124775**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032.  
Florida Statutes

☐ Yes

☒ No

**SMALL, MICHAEL  
10213 S. INDIAN RIVER DRIVE  
FT. PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name

**CHARLES COFFMAN**

82 Street Address (P.O. Box Number is Not Acceptable)

**2101 HARLOW ST. S.E.**

83

84 City

**PORT ST. LUCIE**

FL

85 Zip Code

**34952**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Charles Coffman*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	PRZEKOP, LAURA
STREET ADDRESS	7604 BROOKLINE AVE.
CITY - ST - ZIP	FT. PIERCE FL 34951
TITLE	DP
NAME	PAZARA, PAT
STREET ADDRESS	5901 CASSIA DRIVE
CITY - ST - ZIP	FT. PIERCE FL
TITLE	DV
NAME	SMALL, MICHAEL
STREET ADDRESS	10213 S. INDIAN RIVE DR
CITY - ST - ZIP	FT. PIERCE FL
TITLE	DS
NAME	SMALL, JANET
STREET ADDRESS	10213 S. INDIAN RIVER DR.
CITY - ST - ZIP	FT. PIERCE FL 34982
TITLE	D
NAME	HERZOG, JOE
STREET ADDRESS	9416 GUMBO LIMBO LANE
CITY - ST - ZIP	JENSEN BEACH FL 34952
TITLE	D
NAME	COFFMAN, CHARLES
STREET ADDRESS	2101 HARLOW ST. S.E.
CITY - ST - ZIP	PORT ST. LUCIE FL 34952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CHARLES COFFMAN</b>
3.3 STREET ADDRESS	<b>2101 HARLOW ST. S.E.</b>
3.4 CITY - ST - ZIP	<b>PORT ST. LUCIE, FL 34952</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>HILLARY T. BRANDT</b>
6.3 STREET ADDRESS	<b>1176 OCEANVIEW CIR.</b>
6.4 CITY - ST - ZIP	<b>JENSEN BEACH, FL 34957</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*PAT PAZARA* **PAT PAZARA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-96

Date

561-465-8712

Daytime Phone #

CR2E037 (3/96)



# Department of Environmental Protection

Lawton Chiles  
Governor

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Virginia B. Wetherell  
Secretary

July 29, 1996

Mr. David Mann, Director  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Mr. Mann:

This letter is to certify to you that the Savannas Reserve Endowment, Inc. is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP  
Director  
Division of Recreation and Parks

FPM/pwc