FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #Corporation Name

2. Principal Place of Business

COFFMAN, CHARLES 2101 HARLOW ST S.E.

PORT ST LUCIE FL 34952

Suite, Apt. #, etc.

City & State

22

を 1 年間の 1

N29269

(0)

2a. Mailing Address

City & State

Zip

28

29

Suite, Apt. #, etc.

SAVANNAS RESERVE ENDOWMENT, INC.

Country

9551 QUMBO LIMBO LANE	8551 GUMBO LIMBO LANE
JENSEN BEACH FL 34957	JENSEN BEACH FL \$4957-2208
Principal Place of Business	Mailing Address

9. Name and Address of Current Registered Agent

APPROVED
AND
FILED

97 MAR 13 AM 11: 26

SECRETARY OF STATE TALLAHASSEE. FLORIDA

3. Date Incorporated or Qualified 11/14/1988	За.	Date of Last Report 08/02/1996
4. FEI Number	L	Applied For
65-0124775		Not Applicab
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be
Trust Fund Contribution		Added to Fees
This corporation has liability for Florida Statutes		
Fiorida Statutes 10. Name and Address of New Re] Yes	No d Agent

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

City 84 85 Zip Code 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

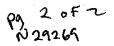
Country

81 Name

30

agent. I a	m familiar with, and accept the obligation	s of, Section 617.0503, Flori	da Statutes.	poration's board of directors, I hereby accept the	appointment as registered
SIGNATURE _	Signature, typed or printed name of registered agent and	Itila i analicable autor	Classics and deept sign	required when reinstating) DA	ATE .
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DT	☐ DELETE	1.1 TITLE		Change Addition
NAME	PRZEKOP, LAURA		1.2 NAME	HERB BURGART	
STREET ADDRESS	7604 BROOKLINE AVE.		1.8 STREET ADDRESS	CASSIA DRI	
CITY-ST-ZIP	FT.PIERCE FL 34951		1.4 CITY-ST-ZIP	Fr. PIERCE, FL 3	4982
TITLE	DP	DELETE	2.1 TITLE	HAL MOORE PATRICIA	Change Addition
NAME	PAZARA, PAT		2.2 NAME	HAL MOORE DATE	11/
STREET ADDRESS	5901 CASSIA DRIVE		2.3 STREET ADDRESS	2338 N.E. PAINTEN	···
CITY-ST-ZIP	FT. PIERCE FL		2. 4 CITY-ST-ZIP	JENSEN BEACH, FL	34957
TITLE	DV	DELETE	3.1 TITLE	\mathcal{D}	Change Addition
NAME.	COFFMAN, CHARLES		3.2 NAME	JANICE MOORE 2338 N.E. PATRIC JENSEN BEACH, FL	·IRN ST.
STREET ADDRESS	2101 HARLOW ST S.E.	•	3.3 STREET ADDRESS	a 33 8 N. E.	2.10=n
CITY-ST-ZIP	PORT ST LUCIE FL 34952		3.4. CITY+ST-ZIP	JENSEN BEACH, I'L	39957
TITLE	DS	DELETE	4.1 TITLE		Change Addition
NAME [SMALL, JANET		4. 2 NAME		
STREET ADDRESS	10213 S. INDIAN RIVER DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34982		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME [HERZOG, JOE		5 2 NAME		
STREET ADDRESS	9416 GUMBO LIMBO LANE		5.3 STREET ADDRESS		
City+St-ZIP	JENSEN BEACH FL 34952		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition
NAME	BRANDT, HILLARY T		6.2 NAME		187 alialan
STREET ADDRESS	1176 OCEANVIEW CIR		6.3 STREET ADDRESS		\$1.0[13]4.1
A151 A5 515	ICNICENI DE ACLI EL 04067		■ a . a.a a.a		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 for an attachment with an address.





Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 11, 1997

Mr. David Mann, Director Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 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/paw Attachments

a:cert.ltr