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97 MAR 13 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 34957-2208**

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

3. Date Incorporated or Qualified  
**11/14/1988**

3a. Date of Last Report  
**08/02/1996**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COFFMAN, CHARLES  
2101 HARLOW ST S.E.  
PORT ST LUCIE FL 34952**

81 Name

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

83

84 City

**FL**

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 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE  
NAME **PRZEKOP, LAURA**  
STREET ADDRESS **7604 BROOKLINE AVE.**  
CITY-ST-ZIP **FT. PIERCE FL 34951**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **HERB BURGART**  
1.3 STREET ADDRESS **CASSIA DR.**  
1.4 CITY-ST-ZIP **FT. PIERCE, FL 34982**

TITLE **DP** ☐ DELETE  
NAME **PAZARA, PAT**  
STREET ADDRESS **5801 CASSIA DRIVE**  
CITY-ST-ZIP **FT. PIERCE FL**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **HAL MOORE**  
2.3 STREET ADDRESS **2338 N.E. PATRICIAN ST.**  
2.4 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **DV** ☐ DELETE  
NAME **COFFMAN, CHARLES**  
STREET ADDRESS **2101 HARLOW ST S.E.**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **JANICE MOORE**  
3.3 STREET ADDRESS **2338 N.E. PATRICIAN ST.**  
3.4 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **DS** ☐ DELETE  
NAME **SMALL, JANET**  
STREET ADDRESS **10213 S. INDIAN RIVER DR.**  
CITY-ST-ZIP **FT. PIERCE FL 34982**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HERZOG, JOE**  
STREET ADDRESS **9416 GUMBO LIMBO LANE**  
CITY-ST-ZIP **JENSEN BEACH FL 34952**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BRANDT, HILLARY T**  
STREET ADDRESS **1176 OCEANVIEW CIR**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7-30-97

561-465-8712

CR2E037 (9/96)



# 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