2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
03-22-2004 90051 047 ****61.25

DOCUMENT # N29269

1. Entity Name
SAVANNAS RESERVE ENDOWMENT, INC.

66414741

Principal Place of Business	Mailing Address
9551 GUMBO LIMBO LANE ST LUCIE, FL 34957	9551 GUMBO LIMBO LANE ST LUCIE, FL 34957

02042004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0124775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ALLEN, JOHN W~~ Lois Groff ~~516 SW DEER RUN~~ 2525 S.E. Hallahan St. ~~PORT SAINT LUCIE, FL 34953~~ P.S.L., FL. 34952	Name: McKELVEY, GEOFF Street Address (P.O. Box Number is Not Acceptable): 3869 NW ROYAL OAK DRIVE City: JENSEN BEACH FL Zip Code: 34957

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lois Groff
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCVAY, HARRY 3457 NE JEANNETT JENSEN BEACH, FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERZOG, CAROL 9416 GUMBO LIMBO LN JENSEN BEACH, FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOFMANN, RAY 2525 SE HALLAHAN ST PORT ST LUCIE, FL 34952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. GEOFF MCKELVEY 2321 NW BAY COLONY CT STUART, FL. 34994.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALLEN, JOHN W 516 SW DEER RUN PORT SAINT LUCIE, FL 34953	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Lois GROFF 2525 S.E. Hallahan St. Port St. Lucie, FL. 34952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MAURSEY, HENRY 8404 GALLBERRY CIR PORT ST LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHMIDT, JUDY 2400 S OCEAN DR FT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois Groff 3/22/04 (772) 335-0481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Henry Maursey 4/20/04