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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39470

1. Corporation Name

SAVE OUR SILVERS FOUNDATION, INC.

Principal Place of Business

17771 SW 51 ST
FT. LAUDERDALE FL 33331
US

Mailing Address

17771 SW 51 ST
FT LAUDERDALE FL 33331
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/07/1990

4. FEI Number
65-0253398

Applied For
Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, JEANNIE
17771 SW 51 ST
FT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE
NAME JOHNSON, JEANNIE
STREET ADDRESS 17771 SW 51 ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE TVD ☐ DELETE
NAME JOHNSON, LARRY
STREET ADDRESS 17771 SW 51 ST
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VD ☐ DELETE
NAME KESTEN, IRENE
STREET ADDRESS 9165 S. OCEAN DR., APT 6G
CITY-ST-ZIP HALLANDALE FL

TITLE VD ☐ DELETE
NAME SMITH, CHARLENE
STREET ADDRESS P. O. BOX 351 N/A
CITY-ST-ZIP TRILBY FL

TITLE SD ☐ DELETE
NAME SMITH, PETER
STREET ADDRESS 4645 BLUE PINE CIRCLE
CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ DELETE
NAME SMITH, ALICIA
STREET ADDRESS 4645 BLUE PINE CIRCLE
CITY-ST-ZIP LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)