




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90002 029 \*\*\*\*61.25

<b>DOCUMENT # N41122</b> 1. Entity Name <b>SAVE OUR CREEKS, INC.</b>					
Principal Place of Business <b>48 ELLEN W PETERSON</b> <b>8791 CORKSCREW RD</b> <b>ESTERO, FL 33928</b>			Mailing Address <b>POB 345</b> <b>ESTERO, FL 33928</b>		
2. Principal Place of Business - No P.O. Box # <b>Ellen W. Peterson</b> Suite, Apt. #, etc. <b>8791 Corkscrew Rd.</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <b>Estero, FL 33928</b>		City & State 		4. FEI Number <b>65-0225254</b>	
Zip <b>33928</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PETERSON, ELLEN W ELLEN W.</b> <b>8791 CORKSCREW RD</b> <b>ESTERO, FL 33928</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Make check payable to Florida Department of State</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, ELLEN 8791 CORKSCREW RD ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, K.S. BUTCH P.O. BOX 729 MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIEDMAN, HARRIS 1255 TOM COKER RD LABELLE, FL 33935	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROATZ, AMBER 14691 DRAWDY RD FORT MYERS, FL 33905	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALIENDO, ANTONIO 16990 LAURELIN CT NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, AVANT PO BOX 891 MOORE HAVEN, FL 33471	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROATZ, AMBER 14691 Drawdy Rd Fort Myers, FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
see attached page					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>2-19-07</b>				Daytime Phone # <b>239-693-2775</b>	

40022346



02192007 Chg-NP CR2E037 (12/06)

ATTACHMENT

40022346

# N41122

D

Nancy Dale  
1090 Hyacinth Ave.  
Sebring, FL 33875

D

Helen Dixon  
5702 Foxlake Dr.  
North Fort Myers, FL 33917

D

Anne Deuschle  
P.O. Box 92  
Moore Haven, FL 33471

D

Clarke Keller  
35380 Washington Loop Rd.  
Punta Gorda, FL 33982

D

John Swingle  
P.O. Box 69  
Fort Myers, FL 33902

D

Rita Youngman  
2832 CR 731  
Venus, FL 33960