

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41122

FILED
Jun 22, 2009
Secretary of State

Entity Name: SAVE OUR CREEKS, INC.

Current Principal Place of Business:

40 ELLEN W PETERSON
8791 CORKSCREW RD
ESTERO, FL 33928

New Principal Place of Business:

ELLEN W PETERSON
8791 CORKSCREW RD
ESTERO, FL 33928

Current Mailing Address:

POB 345
ESTERO, FL 33928

New Mailing Address:

PO BOX 345
ESTERO, FL 33928

FEI Number: 65-0225254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERSON, ELLEN W
8791 CORKSCREW RD
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETERSON, ELLEN
Address: 8791 CORKSCREW RD
City-St-Zip: ESTERO, FL 33928

Title: VPD () Delete
Name: JONES, K.S. BUTCH
Address: P.O. BOX 63
City-St-Zip: MOORE HAVEN, FL 33471

Title: SD () Delete
Name: FRIEDMAN, HARRIS
Address: 1255 TOM COKER RD
City-St-Zip: LABELLE, FL 33935

Title: TD () Delete
Name: BRAATZ, AMBER
Address: 14691 DRAWDY RD
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: DALE, NANCY
Address: 1090 HYANCINTH AVE
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: DIXON, HELEN
Address: 5702 FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DONLEY, LIZ
Address: 5473 HENLEY ST.
City-St-Zip: BOKEELIA, FL 33922

Title: VPD (X) Change () Addition
Name: FRIEDMAN, HARRIS
Address: 1270 TOM COKER RD
City-St-Zip: LABELLE, FL 33935

Title: TD (X) Change () Addition
Name: BRAATZ, AMBER
Address: 4030 HORSE CREEK BLVD.
City-St-Zip: FORT MYERS, FL 33905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMBER BRAATZ

TD

06/22/2009

Electronic Signature of Signing Officer or Director

Date