

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41122

FILED
Jan 14, 2012
Secretary of State

Entity Name: SAVE OUR CREEKS, INC.

Current Principal Place of Business:

33 MOCKINGBIRD RD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

PO BOX 345
ESTERO, FL 33929

New Mailing Address:

PO BOX 2980
LAKE PLACID, FL 33862

FEI Number: 65-0225254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EISENHART, PAULA
33 MOCKINGBIRD RD
LAKE PLACID, FL 33852 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: D
Name: SWINGLE, JOHN
Address: 6140 HAMILTON DR.
City-St-Zip: FT. MYERS, FL 33905

Title: D
Name: DONLEY, LIZ
Address: 5473 HENLEY ST.
City-St-Zip: BOKEELIA, FL 33922

Title: D
Name: JOHNSON, GREGORY
Address: 3RD ST., BOX 142
City-St-Zip: PALMDALE, FL 33944

Title: TD
Name: EISENHART, PAULA J
Address: 33 MOCKINGBIRD RD.
City-St-Zip: LAKE PLACID, FL 33852

Title: SD
Name: LYNNE, ERICA
Address: 226 GATOR CREEK RD.
City-St-Zip: VENUS, FL 33960

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

I hereby 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 all other like empowered.

SIGNATURE: PAULA EISENHART

TD

01/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date