

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 26 1996 8:00 am

Secretary of State

DOCUMENT # N93000004412 (3)

1. Corporation Name

SAVE OUR EVERGLADES, INC.

Principal Place of Business

Mailing Address

1919 ESPANOLA DRIVE
SUITE 201
ORLANDO FL 32804
US

1919 ESPANOLA DR.
ORLANDO FL 32804



3. Date Incorporated or Qualified
09/27/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

81 Name MARY BARLEY

82 Street Address (P.O. Box Number is Not Acceptable)

1919 ESPANOLA DRIVE

83

84 City ORLANDO

FL

85 Zip Code 32804

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

ML BARLEY

M L Barley

2/13/96

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME BARLEY, G.M.
STREET ADDRESS 1919 ESPANOLA DRIVE
CITY-ST-ZIP ORLANDO FL
☒ DELETE

TITLE ~~STD~~ CPD
NAME BARLEY, M.L.
STREET ADDRESS 1919 ESPANOLA DRIVE
CITY-ST-ZIP ORLANDO FL
☐ DELETE

TITLE DS
NAME MUNSON, L.B.
STREET ADDRESS 1205 SHADY LANE
CITY-ST-ZIP MERRITT ISLAND FL
☐ DELETE

TITLE D
NAME JON L MILLS
STREET ADDRESS 1
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE C PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32804
☒ Change ☐ Addition

3.1 TITLE DS
3.2 NAME
3.3 STREET ADDRESS 901 S ATLANTIC AVE
3.4 CITY-ST-ZIP COCOA BEACH FL 32931
☒ Change ☐ Addition

4.1 TITLE D
4.2 NAME JON L MILLS
4.3 STREET ADDRESS 1215 NW 23rd TERRACE
4.4 CITY-ST-ZIP GAINESVILLE FL 32605
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

ML BARLEY

M L Barley

2/13/96

407/839-1719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)