

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004412 (3)**

1. Corporation Name

**SAVE OUR EVERGLADES, INC.**



Principal Place of Business <b>1919 ESPANOLA DRIVE</b> <del>SUITE 201</del> <b>ORLANDO FL 32804</b> <b>US</b>	Mailing Address <b>1919 ESPANOLA DR.</b> <b>ORLANDO FL 32804</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/27/1993</b>	Applied For Not Applicable
4. FEI Number <b>59-3203232</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BARLE, MARY</b> <b>1919 ESPANOLA DRIVE</b> <del>SUITE 201</del> <b>ORLANDO FL 32804</b>
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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
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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]* **BARLEY** DATE **1/10/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>MILLS, JON L.</b>
CITY-ST-ZIP	<b>1215 NW 23RD TERRACE</b> <b>COCOA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CPD</b>
STREET ADDRESS	<b>BARLEY, M.L.</b>
CITY-ST-ZIP	<b>1919 ESPANOLA DRIVE</b> <b>ORLANDO FL 32804</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DS</b>
STREET ADDRESS	<b>MUNSON, L.B.</b>
CITY-ST-ZIP	<b>901 S ATLANTIC AVE</b> <b>COCOA BEACH FL 32931</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	<b>2727 NW 58th BLVD</b>
1.4 CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	<b>3221 ATLANTIC BLVD</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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.

SIGNATURE: *[Signature]* **REINHOLD BARLEY** DATE **1/10/98** **407/839-1119**

CR2E037 (10/97)