

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90050 008 ****61.25

DOCUMENT # N93000004412

1. Corporation Name

SAVE OUR EVERGLADES, INC.

Principal Place of Business

1919 ESPANOLA DRIVE
SUITE 201
ORLANDO FL 32804
US

Mailing Address

1919 ESPANOLA DR.
ORLANDO FL 32804



2. Principal Place of Business

21 11 DELEON AVE

Suite, Apt. #, etc.

22 City & State

23 ISLAMORADA FL

Zip

24 33036

Country

25 USA

2a. Mailing Address

26 P O BOX 1915

Suite, Apt. #, etc.

27 City & State

28 ISLAMORADA FL

Zip

29 33036

Country

30 USA

3. Date Incorporated or Qualified

09/27/1993

4. FEI Number

59-3203232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional -
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BARLEY, M.L.
1919 ESPANOLA DRIVE
SUITE 201
ORLANDO FL 32804

(Update NAME
SAME PERSON
GENDER NEUTRAL)

10. Name and Address of New Registered Agent

81 Name

M.L. BARLEY

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

11 DELEON AVENUE

83 P O BOX 1915

84 City ISLAMORADA FL

85 Zip Code

33036

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

M.L. Barley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D

STREET ADDRESS 2727 NW 58TH BLVD.

CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME CPD

STREET ADDRESS BARLEY, M.L.

CITY-ST-ZIP 1919 ESPANOLA DRIVE

TITLE ☐ DELETE

NAME DS

STREET ADDRESS 3221 ATLANTIC BLVD.

CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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

☐ Change

☐ Addition

☐ Change

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☐ Change

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☐ Addition

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, with all other like empowered.

SIGNATURE:

3/25/99 305/664-5598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)