

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004412

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: SAVE OUR EVERGLADES, INC.

## Current Principal Place of Business:

11 DELEON AVE  
ISLAMORADA, FL 33036 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1915  
ISLAMORADA, FL 33036 US

## New Mailing Address:

FEI Number: 59-3203232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARLEY, M.L.  
11 DELEON AVENUE  
P.O. BOX 1915  
ISLAMORADA, FL 33036 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 ( ) Delete  
Name: MILLS, JON L.  
Address: 2727 NW 58TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32606

Title: CPD ( ) Delete  
Name: BARLEY, M.L.  
Address: 11 DELEON AVENUE  
City-St-Zip: ISLAMORADA, FL 33036

Title: DS ( ) Delete  
Name: BALL, CHRISTINE  
Address: 11 DELEON AVE.  
City-St-Zip: ISLAMORADA, FL 33036

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CPDT (X) Change ( ) Addition  
Name: BARLEY, M.L.  
Address: 11 DELEON AVENUE  
City-St-Zip: ISLAMORADA, FL 33036

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: M.L. BARLEY

C

01/20/2005

Electronic Signature of Signing Officer or Director

Date