

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005202

FILED
Jan 20, 2005
Secretary of State

Entity Name: SAVE OUR EVERGLADES ALLIANCE, INC.

Current Principal Place of Business:

11 DELEON AVENUE
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: 59-3293184

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

Title: SD () Delete
Name: PATTERSON, GAIL C
Address: 6521 JOHN ALDEN WAY
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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