

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004037 (6)

1. Corporation Name

SAVE OUR SHORELINE, INC.



Principal Place of Business

Mailing Address

2501 S OCEAN DR
#823
HOLLYWOOD FL 33019

P.O. BOX 220126
HOLLYWOOD FL 33019-0126

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0633821

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHALIFOUR, BRENDA
2501 S OCEAN DR
#823
HOLLYWOOD FL 33019

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CHALIFOUR, BRENDA | |
| STREET ADDRESS | 2501 S OCEAN DR #823 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COLEMAN, JOHN | |
| STREET ADDRESS | 2501 S OCEAN DR #823 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DUPONT, LAURIE | |
| STREET ADDRESS | 104 EXCHANGE ST | |
| CITY-ST-ZIP | ROCKLAND MA 02370 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WHITE, ANN | |
| STREET ADDRESS | 9415 KINGSTOWNE APTS, CLUB DR SE | |
| CITY-ST-ZIP | SMYRNA GA 30080 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SYSKA, KATHI | |
| STREET ADDRESS | 599 LOWELL ST | |
| CITY-ST-ZIP | W PEABODY MA 01960 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 4476 King Springs Road |
| 4.4 CITY-ST-ZIP | 30082 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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:

Brenda L. Chalifour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

(305) 925-0300
Daytime Phone #

CR2E037 (12/95)