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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90120 042 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT



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

19
DOCUMENT
1. Corporation Name
SAVE OUT

Director # 7
Robert Ferguson
1941 UPWARD LOOP
Lutz FL
33549

Principal Place
1620 NESTLER
CRYSTAL SPRINGS FL 33524



2. Principal 21 Suite, Apt. 22 City & State 23 Zip 24 Country	25 29 30	3. Date Incorporated or Qualified 01/05/1998 4. FEI Number 59-3486360 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

WOLFE, TERESA
1620 NESTLER
CRYSTAL SPRINGS FL 33524

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Apr 15, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/D Teresa Wolfe
STREET ADDRESS		1.3 STREET ADDRESS	1620 NESTLER
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CRYSTAL SPRINGS FL 33524
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D Kathy Heath V/D
NAME		2.2 NAME	39604 Covey Ave
STREET ADDRESS		2.3 STREET ADDRESS	CRYSTAL SPRINGS FL 33524
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CRYSTAL SPRINGS FL 33524
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	C/D Geraldine Hall C.D.
NAME		3.2 NAME	12816 OAK ST.
STREET ADDRESS		3.3 STREET ADDRESS	SAN ANTONIO FL 33576
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/D JAN REED S.T.D.
NAME		4.2 NAME	6021 17th St
STREET ADDRESS		4.3 STREET ADDRESS	2ephyrhills FL 33540
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	P/D James Gray D
NAME		5.2 NAME	39615 Covey Ave
STREET ADDRESS		5.3 STREET ADDRESS	CRYSTAL SPRINGS FL 33524
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D CARMON Feliciano
NAME		6.2 NAME	2607 CRYSTAL SPRINGS RD
STREET ADDRESS		6.3 STREET ADDRESS	2ephyrhills FL 33540
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE

TERESA WOLFE 4-15-99 813 782-6715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #