

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000002199

1. Entity Name
SAVE OUR BRIDGE, INC.



Principal Place of Business
126 ONEIDA STREET
ST. AUGUSTINE, FL 32084

Mailing Address
P.O. BOX 665
ST. AUGUSTINE, FL 32085

FILED
Apr 04, 2005 08:00 AM
Secretary of State



02192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3570182

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGAL, THERESA
126 ONEIDA ST
ST. AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Theresa Segal Theresa Segal 3/5/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SEGAL, THERESA
STREET ADDRESS 126 ONEIDA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE VD
NAME TINGLEY, CHARLES A
STREET ADDRESS 18 CARRERA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE STD
NAME THOMAS, LESLEY
STREET ADDRESS 32 CORDOVA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D
NAME WILLIAMS, JANIS V
STREET ADDRESS 35 VALENCIA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D
NAME SIKES-KLINE, NANCY
STREET ADDRESS 15 MIRUELA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000286629
04/04/05-80038-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theresa Segal 3/5/05 (904) 829-6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #