2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# N99000002199

Entity Name: SAVE OUR BRIDGE, INC.

Current Principal Place of Business:

126 ONEIDA STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

126 ONEIDA STREET
ST. AUGUSTINE, FL 32084

FEI Number: 59-3570182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEGAL, THERESA
126 ONEIDA ST
ST. AUGUSTINE, FL 32084 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:	PD	( ) Delete
Name:	SEGAL, THERESA	
Address:	126 ONEIDA ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	VD	( ) Delete
Name:	TINGLEY, CHARLES A	
Address:	18 CARRERA ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	STD	( ) Delete
Name:	THOMAS, LESLEY	
Address:	32 CORDOVA ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	WILLIAMS, JANIS V	
Address:	35 VALENCIA ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	SIKES-KLINE, NANCY	
Address:	15 MIRUELA ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	

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:	
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 Chapter 119, 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: THERESA SEGAL PD 07/17/2006

Electronic Signature of Signing Officer or Director — Date