

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002199

FILED
Jul 02, 2007
Secretary of State

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:

126 ONEIDA STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

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:

Name and Address of New Registered Agent:

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

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 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

07/02/2007

Electronic Signature of Signing Officer or Director

Date