

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003381

FILED
Jun 24, 2009
Secretary of State

Entity Name: HELP SAVE THE APALACHICOLA RIVER GROUP, INC.

Current Principal Place of Business:

4812 COUNTY RD. 381
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

4812 COUNTY RD. 381
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 59-3640729 **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:

BLACKWELL, MARILYN
4812 COUNTY RD. 381
WEWAHITCHKA, FL 32465 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: DVP () Delete
Name: TAUNTON, DANIEL
Address: PO BOX 870
City-St-Zip: WEWAHITCHKA, FL 32465

Title: DP () Delete
Name: BLACKWELL, MARILYN
Address: 4812 COUNTY RD 381
City-St-Zip: WEWAHITCHKA, FL 32465

Title: DS () Delete
Name: BRYANT, RUTH
Address: 1645 COUNTY RD. 381
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: TAUNTON, ABIGAIL J
Address: P.O. BOX 870
City-St-Zip: WEWAHITCHKA, FL 32465

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:

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: ABIGAIL TAUNTON

D.

06/24/2009

Electronic Signature of Signing Officer or Director

Date