

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002619

Entity Name: SAVE THE HOMOSASSA RIVER ALLIANCE, INC.**Current Principal Place of Business:**5538 SO ISLAND DR
HOMOSASSA, FL 34448**Current Mailing Address:**P. O. BOX 124
HOMOSASSA, FL 34487-0124**FEI Number:** 59-3611251**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORNETT, TESS
5538 SO ISLAND DR
HOMOSASSA, FL 34448 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**Officer/Director Detail :**

Title	PRESIDENT
Name	BITTER, JIM
Address	4330 S. CONWELL DR
City-State-Zip:	HOMOSASSA FL 34448

Title	D
Name	WATKINS, PRISCILLA
Address	11709 W. FISHERMAN LANE
City-State-Zip:	HOMOSASSA FL 34448

Title	S
Name	JEEVES, ROBERT
Address	4795 SO WOOD WAY
City-State-Zip:	HOMOSASSA FL 34448

Title	VP
Name	MILLER, RON J
Address	4114 S. WASHINGTON PT.
City-State-Zip:	HOMOSASSA FL 34448

Title	T
Name	CORNETT, TESS
Address	5538 SO ISLAND DR
City-State-Zip:	HOMOSASSA FL 34448

Title	DIRECTOR
Name	JACOBS, JAKE
Address	P O BOX 682
City-State-Zip:	HOMOSASSA FL 34487

I hereby 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 all other like empowered.

SIGNATURE: RON MILLER

VICE PRESIDENT

01/11/2013

Electronic Signature of Signing Officer/Director Detail_____
Date