


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90572 028 ****61.25

DOCUMENT # 742995					
1. Entity Name ENVIRONMENTAL STUDIES COUNCIL, INC.					
Principal Place of Business 2900 NE INDIAN RIVER DR. JENSEN BEACH, FL 34957		Mailing Address 2900 NE INDIAN RIVER DR. JENSEN BEACH, FL 34957			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2209059	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOEBE, BRUCE A 2477 NE DIXIE HWY JENSEN BCH, FL 34957			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANCUREN, GENE L		NAME		
STREET ADDRESS	1399 NW LAKESIDE TRAIL		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL		CITY - ST - ZIP		
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	<i>Past D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, ADRIENNE		NAME		
STREET ADDRESS	3218 S.E. ASTER LANE		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL		CITY - ST - ZIP		
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	<i>P.D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>VP</i> MURCHALLA, GRETCHEN		NAME	<i>MURCHALLA</i>	
STREET ADDRESS	202 SE EDGEWOOD DR		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL 34996		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VD HENDERSON, PATTY		NAME		
STREET ADDRESS	645 OVERLOOK DR		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL 34994		CITY - ST - ZIP		
TITLE	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	D DAIGNEAU, SHARYON		NAME	<i>VD</i> MARY HUTCHINSON	
STREET ADDRESS	1457 RIVERSIDE DR		STREET ADDRESS	<i>902 ST LUCIE CRES</i>	
CITY - ST - ZIP	STUART, FL		CITY - ST - ZIP	<i>STUART, FL 34994</i>	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SD PETERSON, KATHLEEN		NAME		
STREET ADDRESS	267 FLAMINGO AVE		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL 34996		CITY - ST - ZIP		
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, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Dolores Smith</i> DOLORES SMITH (OFFICE MGR)			Date: <i>4/24/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

64000073



04222004 Chg-NP CR2E037 (10/03)