

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766541 (7)

1. Corporation Name

LEAGUE OF ENVIRONMENTAL EDUCATORS IN FLORIDA, INC.

Principal Place of Business

STATE OF FLORIDA  
TAMPA FL 33614  
US

Mailing Address

PO BOX 8061  
LIVE OAK FL 32060  
US

3. Date Incorporated or Qualified  
01/10/1983

3a. Date of Last Report  
07/28/1995

4. FEI Number

59-3183407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 1821 W. CARLTON ST

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Longwood, FL

24 Zip

32750

Country

25 Seminole

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SWINDAL, AUDREY R.  
1225 S. FIRST AVENUE  
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

000001355320

-09/24/96--01161--017

\*\*\*\*\*61.25 \*\*\*\*\*61.25

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MARCINKOWSKI, TOM DR  
STREET ADDRESS 2321 RUFFNER RD  
CITY - ST - ZIP MELBOURNE FL 32901

☐ DELETE

TITLE S  
NAME MARTEL, LENEA  
STREET ADDRESS 207 NE 4TH AVE  
CITY - ST - ZIP LUTZ FL 33549

☒ DELETE

TITLE PP  
NAME STEVENS, DIANE  
STREET ADDRESS 814 PATHUR AVE  
CITY - ST - ZIP TAMPA FL 35612

☒ DELETE

TITLE T  
NAME BURKETT, PAT  
STREET ADDRESS 1871 W CARLETON ST  
CITY - ST - ZIP LONGWOOD FL

☐ DELETE

TITLE D  
NAME HOEPPNER, ERIC  
STREET ADDRESS P.O. BOX 463 N/A  
CITY - ST - ZIP CLARCONA FL 32710

☐ DELETE

TITLE D  
NAME SWINDEL, AUDREY  
STREET ADDRESS 1225 S FIRST AVE  
CITY - ST - ZIP BARTOW FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PP Past PRESIDENT ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PP Past PRESIDENT ☒ Change ☐ Addition

Dir Panhandle Director ☒ Change ☒ Addition

Betsy Sullivan

56781 Split Oak Lane Drive

Tallahassee, FL 32307

PRESIDENT ☐ Change ☒ Addition

VICKI CRISP

2257 Craven Road

Green Cove Springs FL 32043

TREASURER ☒ Change ☐ Addition

1821 W. CARLTON ST

South East Director At Large ☒ Change ☐ Addition

Di

6.1 TITLE ☒ Change ☒ Addition

Joan Hourigan

844 305 Road

West Palm Beach, FL 33415

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia D. Burkett Aug. 3, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)