

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address  
1821 W. CARLTON STREET LONGWOOD FL 32750 US

3. Date Incorporated or Qualified  
**01/10/1983**

4. FEI Number  
**59-3183407**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Country 30

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	MARCINKOWSKI, TOM DR	
STREET ADDRESS	2321 RUFFNER RD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, BETSY	
STREET ADDRESS	5678 SPLIT OAK DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CRISP, VICKI	
STREET ADDRESS	2257 CRAVEN ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURKETT, PAT	
STREET ADDRESS	1821 W. CARLTON STREET	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOEPPNER, ERIC	
STREET ADDRESS	P.O. BOX 463 N/A	
CITY-ST-ZIP	CLARCONA FL 32710	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOURICAN, JOAN	
STREET ADDRESS	844 JOG ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nancy Davis	
1.3 STREET ADDRESS	126 Shepard's Easement	
1.4 CITY-ST-ZIP	Crawfordsville, FL 32327	
2.1 TITLE	President Elect (PE)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eileen tramontana	
2.3 STREET ADDRESS	9225 CR 19	
2.4 CITY-ST-ZIP	Live Oak, FL 32038	
3.1 TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tim Roach	
3.3 STREET ADDRESS	P.O. Box 2345 (NA)	
3.4 CITY-ST-ZIP	Chicland, FL 32626	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S (Secretary)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Susie Collins	
5.3 STREET ADDRESS	1821 NE 175th St	
5.4 CITY-ST-ZIP	North Miami Beach, FL 33162	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Chuck Parsons	
6.3 STREET ADDRESS	8581 Kumquat Ave.	
6.4 CITY-ST-ZIP	Seminole FL 33777	

14. 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 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* PATRICIA D. BURKETT 4/25/98

CR2E037 (10/97)

6-22  
\$61.25 BANK

