


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90020 045 ****61.25

0014011

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 766541

1. Corporation Name
LEAGUE OF ENVIRONMENTAL EDUCATORS IN FLORIDA, INC.

Principal Place of Business 1821 W. CARLTON STREET LONGWOOD FL 32750 US	Mailing Address 1821 W. CARLTON STREET LONGWOOD FL 32750 US
--	--



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/10/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3183407
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SWINDAL, AUDREY R. 1225 S. FIRST AVENUE BARTOW FL 33830		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONSMEIRE, CHRIS	1.2 NAME	
STREET ADDRESS	1305 CROWDER RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNNAM, SYLVIA	2.2 NAME	Debra Hanson
STREET ADDRESS	15894 129TH RD.	2.3 STREET ADDRESS	582 chamonix Ave.
CITY-ST-ZIP	MCALPIN FL 32062	2.4 CITY-ST-ZIP	Lehigh, FL 33936
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVY, RODNEY	3.2 NAME	
STREET ADDRESS	506 W 67TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETT. PAT	4.2 NAME	
STREET ADDRESS	1821 W. CARLTON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKWOOD, TERESA	5.2 NAME	
STREET ADDRESS	255 LIVE OAK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEINRICH, DONNA	6.2 NAME	FRANCIA Smith
STREET ADDRESS	1223 ALHAMBRA WAY SOUTH	6.3 STREET ADDRESS	6 Sea Lane South
CITY-ST-ZIP	ST. PETERSBURG FL 33705	6.4 CITY-ST-ZIP	St. Petersburg, FL 33705

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, with all other like empowered.

SIGNATURE: *Patricia A. Burkett* TREASURER *3/20/99* 467-320-0467
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D. BURKETT 467-339-6334
 Date Daytime Phone #

CR2E037 (11/98)