


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90221 025 \*\*\*\*61.25

<b>DOCUMENT # 766541</b>			
1. Entity Name <b>LEAGUE OF ENVIRONMENTAL EDUCATORS IN FLORIDA, INC.</b>			
Principal Place of Business <b>6783 DUCKWEED ROAD LAKE WORTH, FL 33467 US</b>		Mailing Address <b>6783 DUCKWEED ROAD LAKE WORTH, FL 33467 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SWINDAL, AUDREY R. 1225 S. FIRST AVENUE BARTOW, FL 33830</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is <b>\$81.25</b> Due by <b>September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>TREASURER</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OWENS, NANCY L</b>	NAME	
STREET ADDRESS	<b>6783 DUCKWEED ROAD</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WORTH, FL 33467</b>	CITY - ST - ZIP	
TITLE	<b>PRESIDENT EMERITUS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, PEGGY A</b>	NAME	
STREET ADDRESS	<b>1150 134TH STREET</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>BRADENTON, FL 34212</b>	CITY - ST - ZIP	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISNETT, MARCIA</b>	NAME	
STREET ADDRESS	<b>17981 NW 5 AVE.</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 331694316</b>	CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FROMM, DIANE</b>	NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>900 BRYAN AVENUE</b>	STREET ADDRESS	<b>REGAN, KATHIE</b>
CITY - ST - ZIP	<b>LABELLE, FL 33835</b>	STREET ADDRESS	<b>1889 PARADISE LANE</b>
		CITY - ST - ZIP	<b>CLEARWATER, FL 33756</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NORRIS, CLIFF</b>	NAME	<b>PRESIDENT ELECT</b>
STREET ADDRESS	<b>2568 KNOLL STREET WEST</b>	STREET ADDRESS	<b>MINNO, MARIA</b>
CITY - ST - ZIP	<b>PALM HARBOR, FL 34883</b>	STREET ADDRESS	<b>600 NW 35 TERR.</b>
		CITY - ST - ZIP	<b>GAINESVILLE, FL 32607</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>NAN OWENS</b> <i>Nan Owens</i>		Date: <b>05/09/05</b> 561-790-0064	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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05092005 Chg-NP CR2E037 (10/03)

4. FEJ Number **59-3183407** Applied For  Not Applicable

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

# ATTACHMENT

66023565

League Of Environmental Educators In Florida, Inc.  
Nan Owens, Treasurer  
6783 Duckweed Road  
Lake Worth, FL 33467  
June 13, 2005

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302 – 1500

RE: 766541, 2005 Annual Report / Uniform Business Report

As requested by your letter dated May 23, 2005, I am providing you with the titles and names of each of the officers listed on our 2005 Annual Report as originally mailed to you, dated May 09, 2005.

Treasurer  
Owens, Nancy L.

President Emeritus  
Hill, Peggy A.

President  
Bisnett, Marcia

Secretary  
Regan, Kathie

President Elect  
Minno, Maria

I am returning the photocopy of the report returned to me with your letter, with the additions penciled in. I am including this letter for clarity.

Thank you.

Nan Owens