


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90097 031 ****61.25

DOCUMENT # 766541					
1. Entity Name LEAGUE OF ENVIRONMENTAL EDUCATORS IN FLORIDA, INC.					
Principal Place of Business 6783 DUCKWEED ROAD LAKE WORTH, FL 33467 US			Mailing Address 6783 DUCKWEED ROAD LAKE WORTH, FL 33467 US		
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 59-3183407	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWINDAL, AUDREY R. 1225 S. FIRST AVENUE BARTOW, FL 33830			Name- Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, NANCY L		NAME		
STREET ADDRESS	6783 DUCKWEED ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
P	<input checked="" type="checkbox"/> Delete				
NAME	HILL, PEGGY A		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1150 134TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP		
	<input type="checkbox"/> Delete				
NAME	BISNETT, MARCIA		NAME	PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17981 NW 5 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331694316		CITY-ST-ZIP		
S	<input type="checkbox"/> Delete				
NAME	REGAN, KATHIE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1889 PARADISE LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
DE	<input type="checkbox"/> Delete				
NAME	MINNO, MARIA		NAME	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600 NW 35 TERR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
	<input type="checkbox"/> Delete				
NAME			NAME	PRESIDENT ELECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	FRED WIECHMANN	
CITY-ST-ZIP			CITY-ST-ZIP	1111 FOREST PARK STREET	
				LAKELAND, FL 33803	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>NAN OWENS</i> <i>Nan Owens</i>			Date: <i>05/06/06</i> Daytime Phone #: <i>561-790-0064</i>		