

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011598

FILED
Apr 28, 2008
Secretary of State

Entity Name: ENVIRONMENTAL BIOINDICATORS FOUNDATION, INC.

Current Principal Place of Business:

207 1/2 ORANGE AVE
UNIT G
FT PIERCE, FL 34950

New Principal Place of Business:

207 ORANGE AVE
SUITE G
FT PIERCE, FL 34950

Current Mailing Address:

207 1/2 ORANGE AVE
UNIT G
FT PIERCE, FL 34950

New Mailing Address:

207 ORANGE AVE
SUITE G
FT PIERCE, FL 34950

FEI Number: 20-4022543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZILLIOUX, EDWARD J
207 1/2 ORANGE AVE
UNIT G
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

ZILLIOUX, EDWARD J
207 ORANGE AVE
SUITE G
FT PIERCE, FL 34950 US

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.

SIGNATURE:

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O/D () Delete
Name: ZILLIOUX, EDWARD J
Address: 207 1/2 ORANGE AVE, UNIT G
City-St-Zip: FT PIERCE, FL 34950

Title: O/D () Delete
Name: NEWMAN, JAMES R
Address: 207 1/2 ORANGE AVE, UNIT G
City-St-Zip: FT PIERCE, FL 34950

Title: D () Delete
Name: LEGORE, STEVE E
Address: 2804 GULF DRIVE N.
City-St-Zip: HOLMES BEACH, FL 34217

Title: D () Delete
Name: WOLFE, MARTI F
Address: DEPT BIOLOGICAL SCI, CALIFORNIA STATE UNIV
City-St-Zip: CHICO, CA 95929

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O/D (X) Change () Addition
Name: ZILLIOUX, EDWARD J
Address: 207 ORANGE AVE, SUITE G
City-St-Zip: FT PIERCE, FL 34950

Title: O/D (X) Change () Addition
Name: NEWMAN, JAMES R
Address: 207 ORANGE AVE, SUITE G
City-St-Zip: FT PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD J. ZILLIOUX

DIR

04/28/2008

Electronic Signature of Signing Officer or Director

Date