

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011598

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ENVIRONMENTAL BIOINDICATORS FOUNDATION, INC.

**Current Principal Place of Business:**

207 ORANGE AVE  
SUITE G  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

207 ORANGE AVE  
SUITE G  
FT PIERCE, FL 34950

**New Mailing Address:**

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 ORANGE AVE  
SUITE G  
FT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: O/D ( ) Delete  
Name: NEWMAN, JAMES R  
Address: 207 ORANGE AVE, SUITE 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

O/D

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date