


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N17815					
1. Entity Name FISHERMEN AGAINST DESTRUCTION OF ENVIRONMENT, INC.					
Principal Place of Business 12911 NW 160TH ST OKEECHOBEE FL 34972 US		Mailing Address 12911 NW 160TH ST OKEECHOBEE FL 34972 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, WAYNE 12911 NW 160TH ST. OKEECHOBEE FL 34972			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		
State			State		
Zip Code			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 <u>NELSON, WAYNE L. Wayne L. Nelson</u> DATE <u>3/20/08 EXEC.DIR</u>					
FILE NOW: FEE: IS \$61.25 Due By May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBUTH, HERBERT		NAME		
STREET ADDRESS	12029 59TH ST NORTH		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, VAL		NAME		
STREET ADDRESS	5032 SE GREAT POCKET TR.		STREET ADDRESS		
CITY-ST-ZIP	PORT SALERNO FL 34992-1657		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, WAYNE		NAME		
STREET ADDRESS	12911 NW 160TH ST.		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, CARL		NAME		
STREET ADDRESS	1100 SW 134TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974		CITY-ST-ZIP		
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		
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CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/07)

4. FEI Number **NO-T APPLICABLE**
 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 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 NELSON, WAYNE L. Wayne L. Nelson DATE 3/20/08 EXEC.DIR

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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 exemptions contained in Section 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 on the report or supplemental report, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON, WAYNE L. Wayne L. Nelson DATE 3/20/08 EXEC DIR