FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995** 4-26-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B-4589-VL

APPROVED AND FILED

95 APR 26 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33681 (0)

1. Corporation Name

DISTRICT 4 OF THE FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
501 S. CLYDE MORRIS BLVD DAYTONA BCH FL 32114 US	501 S CLYDE MORRIS BLVD DAYTONA BCH FL 32114 US

3. Date Incorporated or Qualified: 08/09/1989
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-2963065 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 340-B E. New York Ave	26 340-B E. New York Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Deland, Florida	City & State 28 Deland, Florida
Zip / Country 24 32724 / 25 Volusia	Zip / Country 29 32724 / 30 Volusia

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FAIRCLOTH, LEE 501 S. CLYDE MORRIS BLVD DAYTONA BCH FL 32114	81 Name: James McRae 82 Street Address (P.O. Box Number is Not Acceptable): 340-B E New York Avenue 83 84 City: Deland, FL 85 Zip Code: 32724

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James McRae 4-14-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	(Chairman) C/D	☒ Change ☐ Addition
NAME	LEWIS, GLENDA	1.2 NAME	Ronald Dodson	
STREET ADDRESS	501 S. CLYDE MORRIS BLVD	1.3 STREET ADDRESS	501 S. Clyde Morris Blvd	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	Daytona Beach, Fl. 32114	
TITLE	VCD	2.1 TITLE	(Vice Chairman) V/D	☒ Change ☐ Addition
NAME	DODSON, RONALD	2.2 NAME	Charles Schelble	
STREET ADDRESS	501 S. CLYDE MORRIS BLVD	2.3 STREET ADDRESS	501 S. Clyde Morris	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	Daytona Beach, Fl 32114	
TITLE	TD	3.1 TITLE	(Secretary) S/D	☒ Change ☐ Addition
NAME	FAIRCLOTH, LEE	3.2 NAME	William VanderLugt	
STREET ADDRESS	501 S. CLYDE MORRIS BLVD	3.3 STREET ADDRESS	340-B E. New York	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	Deland, Fl 32724	
TITLE	D	4.1 TITLE	(Director) D	☒ Change ☐ Addition
NAME	ERDMAN, LEONARD	4.2 NAME	Lee Faircloth	
STREET ADDRESS	340-B EAST NEW YORK AVE	4.3 STREET ADDRESS	501 S. Clyde Morris	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	Daytona Beach Fl 32114	
TITLE	TD	5.1 TITLE	(Past Chairman) D	☒ Change ☐ Addition
NAME	HEXTELL, PAUL	5.2 NAME	Paul Hextell	
STREET ADDRESS	2750B ENTERPRISE RD.	5.3 STREET ADDRESS	340 B E. NewYork	
CITY-ST-ZIP	ORNAGE CITY FL	5.4 CITY-ST-ZIP	Deland Fl 32724	
TITLE	D	6.1 TITLE	(Chairmen Elect) D	☒ Change ☐ Addition
NAME	TOWLE, JACK	6.2 NAME	Tim Wallace	
STREET ADDRESS	501 S. CLYDE MORRIS BLVD	6.3 STREET ADDRESS	501 S. Clyde Morris	
CITY-ST-ZIP	DAYTON BEACH FL	6.4 CITY-ST-ZIP	Daytona Beach, Fl 32114	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James McRae 3-29-95 904-822-6242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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