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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N36369 (9)

1. Corporation Name
ENVIRONMENTAL EDUCATION FOUNDATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% MARY TANNER EXECUTIVE OFFICE OF THE GOVERNOR - CAPITOL TALLAHASSEE FL 32399	% MARY TANNER EXECUTIVE OFFICE OF THE GOVERNOR - CAPITOL TALLAHASSEE FL 32399

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1990
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2989880 ☐ Applied For ☐ Not Applicable
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 XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 215 South Monroe St.	26 P.O. Box 10688
Suite, Apt. #, etc. 22 #830	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip / Country 24 32301 / 25 USA	Zip / Country 29 32302 / 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, GREGORY C. EXECUTIVE OFFICE OF THE GOVERNOR THE CAPITOL TALLAHASSEE FL 32399	01 Name: Stanley J. Kmet 02 Street Address (P.O. Box Number is Not Acceptable): 215 S. Monroe St. 03: #830 04 City: Tallahassee FL 05 Zip Code: 32301

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: Stanley J. Kmet — Stanley J. Kmet — March 2, 1995
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	PD	1.1 TITLE	PD	XX Change ☐ Addition
NAME	BATT, DAVID	1.2 NAME	Leah Schad	
STREET ADDRESS	215 SOUTH MONROE ST. - SUITE 830	1.3 STREET ADDRESS	1628 Boardman Ave.	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33407-2106	
TITLE	VPD	2.1 TITLE	VPD	XX Change ☐ Addition
NAME	SCHAD, LEAH	2.2 NAME	Lynda Long	
STREET ADDRESS	1628 BOARDMAN AVENUE	2.3 STREET ADDRESS	2700 NW 48 St.	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Pompano Beach, FL 33073	
TITLE	VPD	3.1 TITLE	SD	XX Change ☐ Addition
NAME	LONG, LYNDA	3.2 NAME	Mary Kumpe	
STREET ADDRESS	500 CYPRESS CREEK, WEST - SUITE 300	3.3 STREET ADDRESS	1564 Bay Pointe Drive	
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	SD	4.1 TITLE	TD	XX Change ☐ Addition
NAME	RACKLEY, ANDY	4.2 NAME	James C. Welsh	
STREET ADDRESS	P.O. BOX 1208 (N/A)	4.3 STREET ADDRESS	P.O. Box 423219 N/A	
CITY-ST-ZIP	CLEWISTON FL 33440	4.4 CITY-ST-ZIP	Kissimmee, FL 34742	
TITLE	TD	5.1 TITLE	M	☐ Change XX Addition
NAME	SHELBY, DOUG	5.2 NAME	Stanley J. Kmet	
STREET ADDRESS	215 SOUTH MONROE STREET - SUITE 800	5.3 STREET ADDRESS	215 S. Monroe St., #830	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Stanley J. Kmet — Stanley J. Kmet — 3/2/95 — 904/222-8950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0020881