FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N36369 (9)

1. Corporation Name

~~ENVIRONMENTAL EDUCATION FOUNDATION OF FLORIDA, I~~ NC. Governor's Council for Sustainable Florida

n/c 4-11-96 SG.

700001832377
-05/21/96--01086--028
***61.25

Principal Place of Business	Mailing Address
~~215 SOUTH MONROE ST.~~ ~~830~~ ~~TALLAHASSEE FL 32301~~ ~~US~~	P.O. BOX 10688 ~~EXECUTIVE OFFICE OF THE GOVERNOR - CAPITOL~~ TALLAHASSEE FL 32302 US

3. Date Incorporated or Qualified: 01/30/1990
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business
21 1020 Layfayette East
Suite, Apt. #, etc.
22 104
City & State
23 Tallahassee, FL
Zip 24 FL 32301 Country 25 32301 USA

2a. Mailing Address
26 P.O. Box 10688
Suite, Apt. #, etc.
27
City & State
28 Tallahasse, FL
Zip 29 32302 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SMITH, GREGORY C.
EXECUTIVE OFFICE OF THE GOVERNOR
THE CAPITOL
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name: Kmet, Stanley J.
82 Street Address (P.O. Box Number is Not Acceptable): 1020 East Layfatte
83 Suite 104
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Stanley J. Kmet — DATE: 4/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	SCHAD, LEAH		1.2 NAME	Long, Lynda	
STREET ADDRESS	~~1628 BROADMAN AVE.~~		1.3 STREET ADDRESS	2700 NW ~~48 Street~~	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	Pompano Beach, FL 33073	
TITLE	VPD PD	☐ DELETE	2.1 TITLE	T	☑ Change ☐ Addition
NAME	LONG, LYNDA		2.2 NAME	Rosendahl, Peter	
STREET ADDRESS	2700 NW 48TH ST.		2.3 STREET ADDRESS	316 Royal Poinciana Plaza	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	SD VP	☐ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	KUMPE, MARY		3.2 NAME	Reid, Benjamine	
STREET ADDRESS	1564 BAY POINTE DRIVE		3.3 STREET ADDRESS	4000 International Place; 100 SE 2nd Street	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Miami, FL 33131-9101	
TITLE	TD	☐ DELETE	4.1 TITLE	VP	☑ Change ☐ Addition
NAME	WELSH, JAMES C.		4.2 NAME	Kumpe, Mary	
STREET ADDRESS	P.O. BOX 432219 N/A		4.3 STREET ADDRESS	1564 Bay Point Dr.	
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	TD	☐ DELETE	5.1 TITLE	Assist. Treasurer	☑ Change ☐ Addition
NAME	SHELBY, DOUG		5.2 NAME	Moore, Analee	
STREET ADDRESS	215 SOUTH MONROE STREET - SUITE 800		5.3 STREET ADDRESS	220 East Madison St.	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	M D	☐ DELETE	6.1 TITLE	MDir,	☐ Change ☐ Addition
NAME	KMET, STANLEY J.		6.2 NAME	Kmet, Stanley J.	
STREET ADDRESS	~~215 S. MONROE ST., 830~~ 1020 E. Layfayette #104		6.3 STREET ADDRESS	1020 East ~~Layfayette~~ Suite 104	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	Tallahassee, FL 32302	

CR2E037 (12/95)

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)(k), 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 — Date: 4/30/96 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SG 5/1/96