

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36369 (9)

1. Corporation Name

GOVERNOR'S COUNCIL FOR SUSTAINABLE FLORIDA, INC.



Principal Place of Business

Mailing Address

1020 LAFAYETTE EAST
SUITE 104
TALLAHASSEE FL 32301
USP.O. BOX 10688
TALLAHASSEE FL 32302-2688
US3. Date Incorporated or Qualified
01/30/19903a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2989880

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

KMET, STANLEY J
1020 EAST LAYPATTE Lafayette St.
#104
TALLAHASSEE FL 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LONG, LYNDIA	
STREET ADDRESS	2700 NW 48 STREET	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSENDAHL, PETER	
STREET ADDRESS	316 ROYAL POIN CIANA PLAZA	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KUMPE, MARY	
STREET ADDRESS	1564 BAY POINTE DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WELSH, JAMES C.	
STREET ADDRESS	P.O. BOX 432219 N/A	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHELBY, DOUG	
STREET ADDRESS	215 SOUTH MONROE STREET - SUITE 800	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	KMET, STANLEY J.	
STREET ADDRESS	1020 E. LAYFAYETTE, STE 104	
CITY - ST - ZIP	TALLAHASSEE FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rachel Scott	
1.3 STREET ADDRESS	1401 SE Monterey Rd	
1.4 CITY - ST - ZIP	Stuart, FL 34994	
2.1 TITLE	secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Suzan Ozker	
2.3 STREET ADDRESS	1901 W. Cypress Creek Rd	
2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33309	
3.1 TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Batt	
3.3 STREET ADDRESS	215 S. Monroe, Ste 703	
3.4 CITY - ST - ZIP	Tallahassee, FL 32301	
4.1 TITLE	2nd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ben Reid	
4.3 STREET ADDRESS	100 SE 2nd Street	
4.4 CITY - ST - ZIP	Miami, FL 33131-9101	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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

Date

Daytime Phone # 0008146

CR2E037 (9/96)