

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 02, 2004  
Secretary of State**

DOCUMENT# N93000002380

Entity Name: FLORIDA ENVIRONMENTAL ADVISORY COUNCIL, INC.

**Current Principal Place of Business:**

P O BOX 8176  
CLEARWATER, FL 337588176 US

**New Principal Place of Business:**

380 COMMERCE PARKWAY  
ROCKLEDGE, FL 32955 US

**Current Mailing Address:**

P O BOX 8176  
CLEARWATER, FL 337588176 US

**New Mailing Address:**

380 COMMERCE PARKWAY  
ROCKLEDGE, FL 32955 US

FEI Number: 59-3183461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOLLER, THOMAS  
1914 BYRAM DR.  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

STEIN, HERB  
5591 ROYAL LAKE CIRCLE  
BOYTON BEACH, FL 33437 US

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.

SIGNATURE: HERB STEIN      05/02/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: NOLLER, THOMAS  
Address: 8333 BRYAN DAIRY RD  
City-St-Zip: LARGO, FL

Title: PD ( ) Delete  
Name: PEREZ, TONY  
Address: 121 W. 22 STREET  
City-St-Zip: HIALEAH, FL

Title: SD ( ) Delete  
Name: STEIN, HERB  
Address: 23281 MIRABELLA CIR. N.  
City-St-Zip: BOCA RATON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: SPELLMAN, JAMES  
Address: 380 COMMERCE PARKWAY  
City-St-Zip: ROCKLEDGE, FL 33437

Title: PD (X) Change ( ) Addition  
Name: PEREZ, TONY  
Address: 121 W. 22 STREET  
City-St-Zip: HIALEAH, FL 33010

Title: SD (X) Change ( ) Addition  
Name: STEIN, HERB  
Address: 5591 ROYAL LAKE CIRCLE  
City-St-Zip: BOYTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERB STEIN      SD      05/02/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date