

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90033 031 \*\*\*\*61.25

**DOCUMENT # P37915**

1. Entity Name

THE ENVIRONMENTAL CAREERS ORGANIZATION, INC.



Principal Place of Business

179 SOUTH ST  
5TH FLOOR  
BOSTON MA 32111  
US

Mailing Address

30 Winter St  
6th Floor  
Boston, MA  
02108

2. Principal Place of Business

30 Winter St

3. Mailing Address

Same

Suite, Apt. #, etc.

6th Fl.

Suite, Apt. #, etc.

City & State

Boston MA

Zip

02108

Country

Zip

Country

6. Name and Address of Current Registered Agent

FONTES, JENNIFER  
1940 BAY DRIVE  
#19  
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

Fontes, Jennifer

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

19384 East Country Club DR

City

Aventura

FL

Zip Code

33180

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COOK, JOHN R JR	
STREET ADDRESS	179 SOUTH ST.	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, ROBERT P	
STREET ADDRESS	2088 UNION ST, SUITE 1	
CITY-ST-ZIP	SAN FRANCISCO CA 94123	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEANY, VIRGINIA	
STREET ADDRESS	73 TREMONT ST	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GEVALT, DEBORAH	
STREET ADDRESS	465 MEDFORD ST, SUITE 2200	
CITY-ST-ZIP	CHARLESTON MA 02129	
TITLE	C	<input type="checkbox"/> Delete
NAME	WECHSLER, ALFRED	
STREET ADDRESS	60 HAMPTON MEADOWS	
CITY-ST-ZIP	HAMPTON NH 03842	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	30 winter street 6 fl.	
CITY-ST-ZIP	Boston MA 02108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chairman Weyman Lundquist	
STREET ADDRESS	16 Ocean Ridge	
CITY-ST-ZIP	HANOVER NH 03755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD PUTTER	
STREET ADDRESS	2000 S. Colorado Blvd Annex Ste. 320	
CITY-ST-ZIP	DENVER, CO 80232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	152 Hutchinson Rd.	
CITY-ST-ZIP	Arlington, MA 02474	
TITLE	Assistant Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Weyneth	
STREET ADDRESS	30 Winter Street 6th floor	
CITY-ST-ZIP	Boston MA 02108	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Carol Weyneth Carolyn Weyneth

4/9/04

6174264375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #