

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001092

**Entity Name:** ENVIRONMENTAL BANKERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1827 POWERS FERRY ROAD SE  
ATLANTA, GA 30339

**Current Mailing Address:**

1827 POWERS FERRY ROAD SE  
ATLANTA, GA 30339

**FEI Number: 54-1684452**

**Certificate of Status Desired: Yes**

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

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SLOAN, WILLIAM  
Address        1827 POWERS FERRY ROAD SE  
City-State-Zip: ATLANTA GA 30339

Title            VP  
Name            SHEINSON, JAN  
Address        1827 POWERS FERRY ROAD SE  
City-State-Zip: ATLANTA GA 30339

Title            SECRETARY  
Name            BELYEA, RICHARD  
Address        1827 POWERS FERRY ROAD SE  
City-State-Zip: ATLANTA GA 30339

Title            TREASURER  
Name            LAMBERT, DAVE  
Address        1827 POWERS FERRY ROAD SE  
City-State-Zip: ATLANTA GA 30339

Title            MANAGING DIRECTOR  
Name            ATKINSON, SHANAN  
Address        1827 POWERS FERRY ROAD, SE  
City-State-Zip: ATLANTA GA 30339

*I hereby 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 all other like empowered.*

**SIGNATURE: SHANAN ATKINSON**

**MANAGING DIRECTOR**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date