

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742995

FILED
Apr 18, 2007
Secretary of State

Entity Name: ENVIRONMENTAL STUDIES COUNCIL, INC.

Current Principal Place of Business:

2900 NE INDIAN RIVER DR.
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

2900 NE INDIAN RIVER DR.
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 59-2209059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEBE, BRUCE A
2477 NE DIXIE HWY
JENSEN BCH, FL 34957 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: VANCUREN, GENE L
Address: 1399 NW LAKESIDE TRAIL
City-St-Zip: STUART, FL 34994

Title: VD () Delete
Name: MARTIN, ERIC
Address: 2601 SE CARTHAGE RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Delete
Name: HURCHALLA, GRETCHEN
Address: 202 SE EDGEWOOD DR
City-St-Zip: STUART, FL 34996

Title: PD () Delete
Name: HENDERSON, PATTY
Address: 645 OVERLOOK DR
City-St-Zip: STUART, FL 34994

Title: VD () Delete
Name: HUTCHINSON, MARY
Address: 902 ST LUCIE CRES
City-St-Zip: STUART, FL 34994

Title: SD () Delete
Name: PETERSON, KATHLEEN
Address: 267 FLAMINGO AVE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARY HUTCHINSON

VD

04/18/2007

Electronic Signature of Signing Officer or Director

Date