FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 743350

(1)

SOUTH FLORIDA ENVIRONMENTAL RESEARCH FOUNDATION.

Principal Place of Business	Mailing Address	
Finicipal Flace of Business	Mailing Addless	
11550 S.W. 108TH COURT	11550 S.W. 108TH, COURT	
MIAMI FL 33176	MIAMI FL 33176	
2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

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City & State

06/14/1978 4. FEI Number 59-1837319 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30.

3. Date Incorporated or Qualified

FILED

Feb 04 1998 8:00am

Secretary of State

SCHROEDER, PETER 11550 S.W. 108TH. COURT MIAMI FL 33176

Country

9. Name and Address of Current Registered Agent

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City & State

	10. Name and Address of New Registered	Agent	!
81	Name	-	
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	CFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12		
TITLE	PD	DELETE	. 1.1 TITLE		Change	Addition		
NAME	SCHROEDER, PETER		1.2 NAME					
STREET ADORESS	11550 S.W. 108TH, CT.		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CiTY - ST - ZIP					
TITLE	VD	DELETE	2.1 TITLE		Change	☐ Addition		
NAME	POPE, ROBERT		2.2 NAME					
STREET ADDRESS	15320 S.W. 256 STREET		2.3 STREET ADDRESS	٠ - نيم				
CITY-ST-ZIP	HOMESTEAD FL		2. 4 CITY-ST-ZIP					
TITLE	STD	DELETE	3.1 TITLE		Change	Addition		
NAME	BLACK, SARAH		3.2 NAME					
STREET ADDRESS	14381 HORSESHOE TRACE		3.3 STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE		Change	Addition		
NAME	BLACK, DAVID		4. 2 NAME					
STREET ADDRESS	14381 HORSESHOE TRACE		4.3 STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		,_ ,			
TITLE	D	☐ DELETE	5.1 TITLE		Change	Addition		
NAME	BROWDER, JOAN		5.2 NAME					
STREET ADDRESS	11550 SW 108 CT		5.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE		L Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS			,		
CITY-ST-7IP			6.4 CITY-SY-7IP					

Country

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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 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 Fife 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 do an attachment with an address.