2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 743350

1. Entity Name
SOUTH FLORIDA ENVIRONMENTAL RESEARCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
11550 S.W. 108TH. COURT MIAMI, FL 33176	11550 S.W. 108TH. COURT MIAMI, FL 33176

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08172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1837319
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. *Name and Address of Current Registered Agent*

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000171098
08/30/04-80003-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHROEDER, PETER
STREET ADDRESS	11550 S.W. 108TH. CT.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	POPE, ROBERT
STREET ADDRESS	15320 S.W. 256 STREET
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	STD
NAME	BLACK, SARAH
STREET ADDRESS	14381 HORSESHOE TRACE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	BLACK, DAVID
STREET ADDRESS	14381 HORSESHOE TRACE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	BROWDER, JOAN
STREET ADDRESS	11550 SW 108 CT
CITY-ST-ZIP	MIAMI FL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Peter Schroeder 8-28-04 305-238-5509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #