

**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.	
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Principal Place of Business 11550 S.W. 108TH. COURT MIAMI, FL 33176	Mailing Address 11550 S.W. 108TH. COURT MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



08172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1837319	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____
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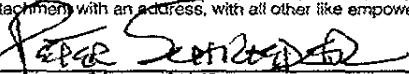
Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000171098 08/30/04-80003-010 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHROEDER, PETER 11550 S.W. 108TH. CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPE, ROBERT 15320 S.W. 256 STREET HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLACK, SARAH 14381 HORSESHOE TRACE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, DAVID 14381 HORSESHOE TRACE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWDER, JOAN 11550 SW 108 CT 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 19.07(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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8-28-04 Date	305-238-5509 Daytime Phone #
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