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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## POCUMENT # F9400003496 (6)

## SETAC FOUNDATION FOR ENVIRONMENTAL EDUCATION, INC.

Mailing Address Principal Place of Business 1010 NORTH 12TH AVE. 1010 NORTH 12TH AVE. PENSACOLA FL 32501 PENSACOLA FL 32501 3a. Date of Last Report 3. Date Incorporated or Qualified 02/27/1995 07/05/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 52-1704017 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired M Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zιο Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PARRISH, RODNEY Street Address (P.O. Box Number is Not Acceptable) 82 1010 NORTH 12TH AVE. PENSACOLA FL 32501 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition 1.3 TITLE THILE C MEYERHOFF, ROGER D DR. 1.2 NAME Meyerhoff, Roger D NAME **BOX 708** 1.3 STREET ADDRESS STREET ADDRESS **GREENFIELD IN 46140** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE THILE FAVA, JAMES A DR. 2.2 NAME NAME ONE WESTON WAY, BLDG. 9 2 3 STREET ADDRESS STREET ADDRESS WEST CHESTER PA 19380 2 4 CHY-ST-ZIP CITY-ST-ZIP [ ] Change ☐ Addition □ DELETE 3 1 TITLE TITLE KENAGA, EUGENE DR. 32 NAME NAME **1584 EAST PINE RIVER ROAD** 3.3 STREET ADDRESS STREET ADDRESS MIDLAND MI 48640 3.4 CITY-ST-ZIP CHTY-ST-ZIP Change Addition DELETE 41 TITLE TITLE PARRISH, RODNEY 4. 2 NAME NAME 1010 NORTH 12TH AVE. 4.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32501 CITY - ST - ZIP 4.4 CiTY-ST-ZiP DELETE Change Change Addition 51 TITLE TITLE BISHOP, WILLIAM E. Bishop, William E. 5.2 NAME NAME UNIVERSITY OF MISSISSIPPI STREET ADDRESS 5.3 STREET ADDRESS UNIVERSITY MI 5.4 CITY - ST - ZIP C-TY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE GIESY, JOHN P NAME 6.2 NAME MICHIGAN STATE UNIVERSITY **6 3 STREET ADDRESS** STREET ADDRESS EAST LANSING MI 48824 6.4 CITY - ST - ZIP CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementa, 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 combration or the receiver or trustee empowers I to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged, or on an attachment with in address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

OR

Daytime Phone #

(12/95)

CR2E037