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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham,**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 13 1997 8:00am  
Secretary of State

DOCUMENT # **F94000003496 (6)**

1. Corporation Name

**SETAC FOUNDATION FOR ENVIRONMENTAL EDUCATION, IN C.**



Principal Place of Business

Mailing Address

**1010 NORTH 12TH AVE.  
PENSACOLA FL 32501**

**1010 NORTH 12TH AVE.  
PENSACOLA FL 32501-3370**

3. Date Incorporated or Qualified  
**07/05/1994**

3a. Date of Last Report  
**02/13/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARRISH, RODNEY  
1010 NORTH 12TH AVE.  
PENSACOLA FL 32501**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**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. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **MEYERHOFF, ROGER D.**  
STREET ADDRESS **BOX 708**  
CITY-ST-ZIP **GREENFIELD IN**

TITLE **D** ☐ DELETE

NAME **FAVA, JAMES A DR.**  
STREET ADDRESS **ONE WESTON WAY, BLDG. 9**  
CITY-ST-ZIP **WEST CHESTER PA 19380**

TITLE **D** ☐ DELETE

NAME **KENAGA, EUGENE DR.**  
STREET ADDRESS **1584 EAST PINE RIVER ROAD**  
CITY-ST-ZIP **MIDLAND MI 48840**

TITLE **D** ☐ DELETE

NAME **PARRISH, RODNEY**  
STREET ADDRESS **1010 NORTH 12TH AVE.**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **P** ☐ DELETE

NAME **BISHOP, WILLIAM E.**  
STREET ADDRESS **UNIVERSITY OF MISSISSIPPI**  
CITY-ST-ZIP **UNIVERSITY MI**

TITLE **V** ☐ DELETE

NAME **GIESY, JOHN P**  
STREET ADDRESS **MICHIGAN STATE UNIVERSITY**  
CITY-ST-ZIP **EAST LANSING MI 48824**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

N/A

N/A

N/A

14. I do 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 the 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, changed, or on an attachment with an address.

SIGNATURE:

**RODNEY PARRISH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0072483**

CP2E037 (9/96)