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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 12 1997 8:00am Secretary of State

1997 DOCUMENT # F9500001390 (2)

DOCU 1. Corporatio	MENT # F9500	0001390 (2)	u Marina (na marina na marina n	g garagaman arts T	
EARTH COUNCIL FOUNDATION - US, INC.					:
Lanin	1 COUNCIL 1 CONDAINON	00) 1110.			
Principal Place of Business Mailing Ad		Mailing Address			
% SUSAN A. COBB % SUSAN A. COBB 1250 CONNECTICUT AVE., N.W., SUITE 700 1250 CONNECTICUT AVE					
		1250 CONNECTICUT AVE., N.W., SUITE 700			•
WASHINGTON	DC 20036	WASHINGTON DC 20036-20	03	3. Date Incorporated or Qualified	3a. Date of Last Report
		•		03/23/1995	02/12/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 52-1693 157	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		32 1033 IST	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25		so Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, LYes : No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
İ			81 Name		
ROGOL, MARTIN H			82 Street Add	dress (P.O. Box Number is Not Acceptable	е)
536 CAPTAIN'S RD. NORTH PALM BEACH FL 33408			83		
Nonin	PALM DENOTIFIC 30400				
			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.					
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 OFFICE	
TITLE	P	☐ DELETE	1.1 TITLE D	irector	Change Addition
NAME	ROGOL, MARTIN H		1.2 NAME	inn Preston	•
STREET ADDRESS	536 CAPTAIN'S RD.	100		ge main St.	•
CITY-ST-ZIP TITLE	NORTH PALM BEACH FL 334	DELETE		ambridge, MA 02142	
NAME	MACNEILL, JAMES	L. DELLIE		eyman Topping	Change Addition
STREET ADDRESS	110 RIDEAU TER.		2.3 STREET ADDRESS	Heathcote Dr.	
CITY-ST-ZIP	OTTAWA, CANADA			caredale, 14 1050	
TITLE	SD	DELETE		recoper	Change Addition
NAME	SHIBUYA. HIRONOBU		3.2 NAME	Villiam Haney_	
STREET ADDRESS	1140 19TH ST., N.W.		3.3 STREET ADDRESS	08-2 Totten Pond Ru	of .
CITY-ST-ZIP	WASHINGTON DC 20036		3.4. CITY-ST-ZIP L	laitham, MR Ox144	
TITLE	TD	☐ DELETE	4.1 YITLE 7	leas used	☐ Change ☒️ Addition
NAME	STRONG, MAURICE F		4.2 NAME (A.	1:17iam Holt 5 Toronto St.	
STREET ADDRESS	700 UNIVERSITY AVE.		4.3 STREET ADDRESS	57 orando st.	
CHTY-ST-ZIP	TORONTO, ONTARIO		4.4 CITY - ST - ZIP	evento Ontario MSC inector	205 Canada
TITLE	D	☐ DELETE	5.1 TITLE	irector	Change 🔀 Addition
NAME	THACHER, PETER S		5.2 NAME	Paximo Kalow	1.
STREET ADDRESS	54 GOLD ST.		5.3 STREET ADDRESS	OBOX 2323-1002. Man Tice Coste Rice	M
CITY-ST-ZIP	STONINGTON CT 06378	No no ete		and use costallica	• · · · · · · · · · · · · · · · · · · ·
TITLE	D IDADDA ALICIA D	JA I DELETE	6.1 TITLE	·	☐ Change ☐ Addition
NAME CTREET ADDRESS	IBARRA, ALICIA B	:e	6.2 NAME		
STREET ADDRESS	PASEO DE LOS ESTUDIANTE SAN JOSE, COSTA RICA	. .	6.3 STREET ADDRESS		
CITY-ST-ZIP	OAN JUSE, CUSTA NICA	1 21 21 2 68 - 1	6.4 CITY-ST-ZIP		

I do nereby 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 13 if changed, or on an attachment with an address.

SIGNATURE:

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561.848.9058