

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90246 047 ****61.25

DOCUMENT # F97000002634

1. Entity Name
**PUBLIC EMPLOYEES FOR ENVIRONMENTAL
RESPONSIBILITY, INC.**



Principal Place of Business
**2001 S ST. NW
SUITE 570
WASHINGTON, DC 20009**

Mailing Address
**2001 S ST. NW
SUITE 570
WASHINGTON, DC 20009**

50051871



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

93-1102740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, JERREL E ESQ
5028 MAHAN DRIVE
TALLAHASSEE, FL 32308**

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BUONO, FRANK**
STREET ADDRESS **714 NE SAVANNAH**
CITY-ST-ZIP **BEND, OR 97701**

TITLE **D** ☐ Change ☒ Addition
NAME **HOWARD WILSHIRE**
STREET ADDRESS **3727 BURNSIDE RD**
CITY-ST-ZIP **SEBASTAPOL, CA 95472**

TITLE **D** ☐ Delete
NAME **CLARK, LOUIS**
STREET ADDRESS **1612 K STREET NW, STE 400**
CITY-ST-ZIP **WASHINGTON, DC 20006**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MCKINNEY, DENNIS**
STREET ADDRESS **358 EAST 3RD STREET**
CITY-ST-ZIP **FREDERICK, MD 21701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **RUCH, JEFF**
STREET ADDRESS **5013 ELM ST**
CITY-ST-ZIP **BETHESDA, MD 20814**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **SEROVY, DANA**
STREET ADDRESS **1719 S NELSON ST**
CITY-ST-ZIP **ARLINGTON, VA 22204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHAPIRO, MAGI**
STREET ADDRESS **16411 GUN BARREL ROAD**
CITY-ST-ZIP **MONTPELIER, VA 23192**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis McKinney 202-265-7337