


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90229 032 ****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		
2. Principal Place of Business 2000 P ST, NW		3. Mailing Address 2000 P ST, NW			
Suite, Apt. #, etc. 240		Suite, Apt. #, etc. SUITE 240			
City & State WASHINGTON, DC		City & State WASHINGTON, DC		4. FEI Number 93-1102740	
Zip 20036		Country 		Applied For <input type="checkbox"/> Not Applicable	
Zip 20036		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, JERREL E ESQ 5028 MAHAN DRIVE TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D BUONO, FRANK 714 NE SAVANNAH BEND, OR 97701 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D HOWARD WILSHIRE 3727 BURNSIDE ROAD SEBASTAPOL, CA 95472 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, LOUIS 1612 K STREET NW, STE 400 WASHINGTON, DC 20006 <div style="text-align: right;"><input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S CAROL GOLDBERG 2000 P ST NW STE 240 WASHINGTON, DC 20036 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKINNEY, DENNIS 358 EAST 3RD STREET FREDERICK, MD 21701 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUCH, JEFF 5013 ELM ST BETHESDA, MD 20814 <div style="text-align: right;"><input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEROVY, DANA 1719 S NELSON ST ARLINGTON, VA 22204 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, MAGI 16411 GUN BARREL ROAD MONTPELIER, VA 23192 <div style="text-align: right;"><input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Carol Goldberg</u>			CAROL GOLDBERG		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1/10/06</u> Daytime Phone #: <u>202-265-7337</u>		

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