## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0100000384

FILED Jan 07, 2008 Secretary of State

Entity Name: FLORIDA LOCAL ENVIRONMENTAL RESOURCE AGENCIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 719 EAST PARK AVENUE TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 719 EAST PARK AVENUE TALLAHASSEE, FL 32301 FEI Number: 59-3708514 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPITZER, KURT 719 EAST PARK AVE TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition WILKINS, RICHARD SQUIRES, ANDY Name: Name: 115 S. ANDREWS AVE.ROOM A-240 Address: 512 FT. SOUTH HARRISON AVE. Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: CLEARWATER, FL 33756 US Title: () Delete Title: (X) Change ( ) Addition SQUIRES, ANDY Name: CUNNIFF, LORI Name: Address: 512 FT. SOUTH HARRISON AVE. Address: 800 MERCY DR. #4 City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: ORLANDO, FL 32808 US Title: () Delete Title: (X) Change ( ) Addition CUNNIFF, LORI BROWN, ROB Name: Name: 800 MERCY DR, STE 4 202 6TH AVE. EAST Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: BRADENTON, FL 34208 US Title: ( ) Delete Title: () Change () Addition Name: GARRITY, RICK Name: 3629 QUEEN PALM DRIVE Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition SPITZER, KURT Name: Name: Address: Address: 719 E. PARK AVE. City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KURT SPITZER D 01/07/2008