

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002288

1. Entity Name
**FLORIDIANS FOR ENVIRONMENTAL ACCOUNTABILITY
AND REFORM, INC.**



Principal Place of Business
**123 AUSTRALIAN AVE.
PALM BEACH, FL 33480**

Mailing Address
**123 AUSTRALIAN AVE.
PALM BEACH, FL 33480**



02202006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACKNER, LESLEY
123 AUSTRALIAN AVE.
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLACKNER, LESLEY
STREET ADDRESS	123 AUSTRALIAN AVE.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	SOMMERVILLE, RICHARD
STREET ADDRESS	16205 LARSON LANE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	T
NAME	DUGGINS, GAIL
STREET ADDRESS	5500 JOHN ANDERSON
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	D
NAME	WEST, ERIC
STREET ADDRESS	119 PINE TREE DR
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	WILLIAMSON, GORDON
STREET ADDRESS	1406 MARAVIA AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000444729
03/07/06-80014-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/06