

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90016 020 ****61.25

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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**

40026939



02212007 No Chg-NP CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**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 #