## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # N02000004449**



**FILED** Apr 29, 2004 8:00 am Secretary of State

Entity Name		
NVIRONMENTAL FACILITIE IANAGEMENT FOUNDATIO		
ncipal Place of Business	Mailing Address	_ <del></del>

	IMENTAL FACILITIES ADMII MENT FOUNDATION INC.	04-29-2004 90204 037 ****61.25						
Principal Place of Business Mailing Address								
10 N. CYPRI FELLSMERE	ESS STREET FL 32948	10 N. CYPRESS STREE FELLSMERE FL 32948						
2. Principal Place of Business 39 BARTON AVE. 3. Mailing Address 39 BARTON AVE.								
Suite, Apt. #, etc. Suite, Apt. #, etc.			MOORE CR2E037 (11/03)					
City & Stat		City & State  ROCKLEDGE	FL	4. FEI Number 30-0102955 Applied For Not Applicable				
Zip <b>3</b> 2	295S Country	<sup>Zip</sup> 32955	Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	<del></del>		7. Name and Address of New Registered Agent				
	الميان المنظمة الأراب المستبيع المال	· ,	Name	المايا جاروا دا مشاعدها والماد الأن المناطقة المادي المن المن المن المناطقة المادي المناطقة المادي المناطقة المادي				
RING, STEVE 10 N. CYPRESS STREET			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
FEL	LSMERE FL 32948		740	740 Timber Ridge Tr. SW				
			City	VERO BEACH FL Zip Code 32962				
	named entity submits this statement fo	r the purpose of changing its r	egistered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept				
	ions of redistered agent.							
SIGNATURE								
The same of the same of	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature					
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD MARGIOTTA, FRANK	☐ Delete	TITLE	PD X Change Addition				
NAME CTOTET ADDRESS	10 N. CYPRESS STREET		NAME	MARGIOTTA, FRANK. 39 BAZTON AUE.				
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NAME		X: Delete	CITY-ST-ZIP	Rockledge, FL 32955				
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CITY-ST-ZIP	10 N. CYPRESS STREET	Delete	TITLE	Rockledge, FL 32955				
i	10 N. CYPRESS STREET FELLSMERE FL 32948	<b>X</b> Delete	TITLE NAME	Rockledge, FL 32955				
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NAME STREET ADDRESS	10 N. CYPRESS STREET FELLSMERE FL 32948  TD RING, STEVE		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ROCKLEDGE, FL 32955  Change Addition  Change Addition  RING, STEVE  THO TIMBE Ridge Tr. SW				
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OXFORD, 34484:-0165 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.

CITY-ST-ZIP

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CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK MARGILOTTA

1321) ZIZ - 8435

Daytime Phone #