

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

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

04-29-2004 90204 037 ****61.25

DOCUMENT # N02000004449

1. Entity Name

**ENVIRONMENTAL FACILITIES ADMINISTRATION AND
MANAGEMENT FOUNDATION INC.**



Principal Place of Business

**10 N. CYPRESS STREET
FELLSMERE FL 32948**

Mailing Address

**10 N. CYPRESS STREET
FELLSMERE FL 32948**

2. Principal Place of Business

39 BARTON AVE.

Suite, Apt. #, etc.

3. Mailing Address

39 BARTON AVE.

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FL

Zip

32955

Country

City & State

ROCKLEDGE, FL

Zip

32955

Country

4. FEI Number

30-0102955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RING, STEVE
10 N. CYPRESS STREET
FELLSMERE FL 32948**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

740 Timber Ridge Tr. SW

City

VERO BEACH

FL

Zip Code

32962

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MARGIOTTA, FRANK**
STREET ADDRESS **10 N. CYPRESS STREET**
CITY-ST-ZIP **FELLSMERE FL 32948**

TITLE **SD** ☒ Delete
NAME **JACKSON, TODD T**
STREET ADDRESS **10 N. CYPRESS STREET**
CITY-ST-ZIP **FELLSMERE FL 32948**

TITLE **TD** ☐ Delete
NAME **RING, STEVE**
STREET ADDRESS **10 N. CYPRESS STREET**
CITY-ST-ZIP **FELLSMERE FL 32948**

TITLE **D** ☒ Delete
NAME **HART, W C**
STREET ADDRESS **RT 3 BOX 14**
CITY-ST-ZIP **MAYO FL 32066**

TITLE **D** ☐ Delete
NAME **NARDSLEDT, ROGER**
STREET ADDRESS **103 FRAZIER RODGERS HALL**
CITY-ST-ZIP **GAINESVILLE FL 32611-0550**

TITLE **D** ☐ Delete
NAME **HURST, TERRY**
STREET ADDRESS **PO BOX 165**
CITY-ST-ZIP **OXFORD FL 34484-0165**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **MARGIOTTA, FRANK**
STREET ADDRESS **39 BARTON AVE.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **RING, STEVE**
STREET ADDRESS **740 Timber Ridge Tr. SW**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **NORDSTEDT, ROGER**
STREET ADDRESS **103 FRAZIER RODGERS HALL**
CITY-ST-ZIP **GAINESVILLE, FL 32611-0550**

TITLE **SD** ☒ Change ☐ Addition
NAME **HURST, TERRY**
STREET ADDRESS **PO BOX 165**
CITY-ST-ZIP **OXFORD, FL 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.

SIGNATURE:

FRANK MARGIOTTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 (321)212-8435

Date

Daytime Phone #