

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007254

FILED
Apr 01, 2009
Secretary of State

Entity Name: PARTNERSHIP FOR ENVIRONMENTAL EDUCATION, INC.

Current Principal Place of Business:

5979 ROEBUCK ROAD
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

P O BOX 7674
JUPITER, FL 33468

New Mailing Address:

FEI Number: 65-0599576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, DAVID J
5979 ROEBUCK ROAD
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

FLYNN, DAVID J TREASUR
5979 ROEBUCK ROAD
JUPITER, FL 33458 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: DAVID JOHN FLYNN

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: DAVIES, MARK PRESIDE
Address: 6025 WINDING LAKE DRIVE
City-St-Zip: JUPITER, FL 33458

Title: MR () Delete
Name: FLYNN, DAVID TRES
Address: 5979 ROEBUCK ROAD
City-St-Zip: JUPITER, FL 33458

Title: MS () Delete
Name: GROOVER, VIRGINIA SEC
Address: 501B SABLE RIDGE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MR () Delete
Name: ROBERT, KNOLL VP
Address: 18618 LAKE BEND DR
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID JOHN FLYNN

TREA

04/01/2009

Electronic Signature of Signing Officer or Director

Date