

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02181

1. Entity Name
**ENVIRONMENTAL CONFEDERATION OF SOUTHWEST
FLORIDA, INC.**



Principal Place of Business

**C/O BECKY AYECH
421 VERNA ROAD
SARASOTA, FL 34240**

Mailing Address

**C/O LINDA WILSON
6205 MARCUM ST
ENGLEWOOD, FL 34224-9634**



01162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2597426

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AYECH, BECKY
421 VERNA RD
SARASOTA, FL 34240**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AYECH, BECKY
STREET ADDRESS	421 VERNA ROAD
CITY - ST - ZIP	SARASOTA, FL
TITLE	VPD
NAME	PETERSON, ELLEN
STREET ADDRESS	BOX 345
CITY - ST - ZIP	ESTERO, FL 33928
TITLE	T
NAME	WILSON, LINDA J
STREET ADDRESS	6205 MARCUM ST
CITY - ST - ZIP	ENGLEWOOD, FL 342249364
TITLE	SD
NAME	HALE, ALLAIN
STREET ADDRESS	5327 DENSAW RD
CITY - ST - ZIP	NORTH PORT, FL 342872863
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000248206
03/02/05-80019-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Linda J. Wilson Linda J. Wilson

2/26/5

941-475-7210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #