

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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90037 046 ****61.25

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1. Entity Name

TALLAHASSEE AREA ASSOCIATION OF ENVIRONMENTAL
PROFESSIONALS, INC.



Principal Place of Business

7874 MCCLURE DRIVE
TALLAHASSEE FL 32312

Mailing Address

7874 MCCLURE DRIVE
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

33-1071577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOREHAND, WALTER E
125 SOUTH GADSDEN STREET
SUITE 300
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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 P
NAME STEINMEYER, EDWIN A ☐ Delete
STREET ADDRESS 125 SOUTH GADSDEN STREET, SUITE 300
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE VP
NAME DIAMOND, CRAIG ☐ Delete
STREET ADDRESS 300 SOUTH ADAMS STREET
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE S
NAME GORHAM, BONITA ☐ Delete
STREET ADDRESS POST OFFICE BOX 4037
CITY-ST-ZIP TALLAHASSEE FL 32315-4037

TITLE T
NAME WATKINS, CURTIS E ☐ Delete
STREET ADDRESS 7874 MCCLURE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE D
NAME HOLTON, DEBBIE ☐ Delete
STREET ADDRESS POST OFFICE BOX 20378
CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/04

Date

891-6882

Daytime Phone #