

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90002 016 \*\*\*\*61.25

**DOCUMENT # N03000006909**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202007

Chg-NP

CR2E037 (12/06)

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

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

## 7. Name and Address of New Registered Agent

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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

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

TITLE S ☒ Delete  
NAME GORHAM, BONITA  
STREET ADDRESS POST OFFICE BOX 4037  
CITY-ST-ZIP TALLAHASSEE, FL 323154037

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

TITLE D ☒ Delete  
NAME HOLTON, DEBBIE  
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 S ☒ Change ☐ Addition  
NAME Steinmeyer, Edwin A.  
STREET ADDRESS 125 South Gadsden St., Suite 300  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE V ☐ Change ☐ Addition  
NAME Dentzau, Michael W.  
STREET ADDRESS 1882 Log Ridge Tr.  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE T ☐ Change ☐ Addition  
NAME Jones, Eugene B.  
STREET ADDRESS 1608 Metropolitan Circle, Suite B  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE P ☒ Change ☐ Addition  
NAME Watkins, Curtis E.  
STREET ADDRESS 7874 McClure Dr.  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE D ☐ Change ☐ Addition  
NAME Mellen, Jacqueline D.  
STREET ADDRESS 864 4th St.  
CITY-ST-ZIP Chipley, FL 32428

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 exemptions contained 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 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 empowerments.

SIGNATURE:

*Curtis Watkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2007

(850) 891-6542

Date

Daytime Phone #