2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010691

Entity Name

THE ENVIRONMENTAL CONSERVANCY CENTER, INC.



FILED

Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90206 025 ****61.25

Principal Place of Business Mailing Address P.O. BOX 6023 P.O. BOX 6023 MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 13-4296951 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORATH, SHANNON L 2441 U.S. HWY 98 Street Address (P.O. Box Number is Not Acceptable) **SUITE 108** SANTA ROSA BEACH, FL 32459 City 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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GRIFFITH, GREGORY NAME STREET ADDRESS P.O. BOX 6023 STREET ADDRESS CITY-ST-ZIP MIRAMAR BEACH, FL 32550 CITY-ST-ZIP TITLE Delete TITLE Addition HAEBERIE, NOEL NAME NAME STREET ADDRESS 1508 LEXINGTON AVE STREET ADDRESS CITY-ST-ZIP ASHLAND, KY 41101 CITY-ST-ZIP TITLE ■ Delete ☐ Change ☐ Addition KARCHER, SHIRLEY NAME NAME 3709 MISTY WAY STREET ADDRESS STREET ADDRESS CJTY-ST-7IP DESTIN, FL 32541 CiTY-ST-7iP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE { ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ■ Addition NAME NAME

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 testee empowered to execute this report is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empoyers.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTIPS SAME OF SIGNING OF PREPOR DIRECTOR

4/17/06

857-650-8097