

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N03000010691

1. Entity Name  
THE ENVIRONMENTAL CONSERVANCY CENTER, INC.



Principal Place of Business  
P.O. BOX 6023  
MIRAMAR BEACH, FL 32550 US

Mailing Address  
P.O. BOX 6023  
MIRAMAR BEACH, FL 32550 US



04192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4296951

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PORATH, SHANNON L  
2441 U.S. HWY 98  
SUITE 108  
SANTA ROSA BEACH, FL 32459

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME GRIFFITH, GREGORY  
STREET ADDRESS P.O. BOX 6023  
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE VP  
NAME HAEBERIE, NOEL  
STREET ADDRESS 1508 LEXINGTON AVE  
CITY-ST-ZIP ASHLAND, KY 41101

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000747947  
05/17/07-80044-025 61.25

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IN THIS SPACE**

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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

Daytime Phone #