

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90003 016 ****61.25

DOCUMENT # N05000011729 1. Entity Name PUBLIC TRUST ENVIRONMENTAL LAW INSTITUTE OF FLORIDA, INC.					
Principal Place of Business 2029 N 3RD ST JACKSONVILLE, FL 32250			Mailing Address 2029 N 3RD ST JACKSONVILLE, FL 32250		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOWLE, MICHAEL 2029 N 3RD ST JACKSONVILLE, FL 32250				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)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ANDERSON, WARREN K JR		NAME		
STREET ADDRESS	2029 N 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP		
TITLE	STD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HOWLE, MICHAEL		NAME		
STREET ADDRESS	2029 N 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MIDDLEBROOK, MARK		NAME		
STREET ADDRESS	21 SAILFISH DR		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered.					
SIGNATURE: <u>Michael L. Howle</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/6/06 (904) 257-1972 Date Daytime Phone #		