

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/5/2008-90002-026-\$70.00-\$70.00

DOCUMENT #N07000010536	
1. Entity Name SOUTHWEST FLORIDA COUNCIL FOR ENVIRONMENT EDUCATION, INC.	



Principal Place of Business 3450 ORTIZ AVE. FT. MYERS, FL 33905	Mailing Address 3450 ORTIZ AVE. FT. MYERS, FL 33905
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2. Principal Place of Business - No P.O. Box # 1625 Hendry St.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Myers, FL	City & State Same
Zip 33901	Zip 33901
Country Lee	Country Lee



08212008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent MCSTRAVIC, ANJI 19180 FOUR WHEEL DR. N. FT. MYERS, FL 33917	
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4. FEI Number 65-0934097	Applied For Not Applicable
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5. Certificate of Status Desired	88.75 Additional Fee Required
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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]* DATE: 8-26-08

Filing Fee is \$81.25  
Due by September 12, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	CP ERICKSON, CARL 849 7TH AVE. SOUTH, #201 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP EVERHAM, EDWIN DR. 10501 FGCU BLVD. FT. MYERS, FL 339656565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROEDER, MICHAEL 1625 HENDRY ST. FT. MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCSTRAVIC, ANJI 19180 FOUR WHEEL DR. N. FT. MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: 8-26-08 239-337-8461

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