

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90003 048 ****61.25

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DOCUMENT # N35384 1. Entity Name FL RENEWABLE RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.			
Principal Place of Business 3953 NW 27TH LANE GAINESVILLE, FL 32606 US		Mailing Address 3953 NW 27TH LANE GAINESVILLE, FL 32606 US	
2. Principal Place of Business - No P.O. Box # 22004 N.W. Co Hwy 2054 Suite, Apt. #, etc.		3. Mailing Address 22004 N.W. Co Hwy 2054 Suite, Apt. #, etc.	
City & State ALACHUA FL Zip 32615		City & State ALACHUA FL Zip 32615	
4. FEI Number 59-2989921		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUNILIO, THOMAS V COORD. 3953 NW 27TH LANE GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> MARCH 1, 2007 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRES POST, DON M PRES. 6815 NW 71ST STREET GAINESVILLE, FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T CHAMBERLAIN, JOHN VPTREAS 8620 NW 13TH STREET GAINESVILLE, FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LOWRIMORE, STEVE SECRETA 623 NE 2ND ST. WILLISTON, FL 32696	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOR CUNILIO, THOMAS V COORDIN 3953 NW 27TH LANE GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. CRAIG CONRAD P.O. Box 4365 ALACHUA FL 34478	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CRAIG CONRAD P.O. Box 4365 ALACHUA FL 34478	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: March 1, 2007 <small>Daytime Phone #</small>	