

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38152

FILED
Jan 17, 2005
Secretary of State

Entity Name: FLORIDA ENVIRONMENTAL ASSESSORS ASSOCIATION, INC.

Current Principal Place of Business:

1608 METROPOLITAN CIRCLE
SUITE B
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 38070
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 65-0247657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, EUGENE B
1608 METROPOLITAN CIRCLE
SUITE B
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STOWE, DARREN
Address: 1408 NORTH WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33607

Title: VD () Delete
Name: RHODES, WILLIAM
Address: POST OFFICE BOX 241
City-St-Zip: PLYMOUTH, FL 32768

Title: TD () Delete
Name: STEPHENS, ROBERT
Address: 14409 N. NEBRASKA AVENUE, STE. A
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: HILFIKER, STEPHEN
Address: 17300 STEPPING STONE DRIVE
City-St-Zip: FT. MYERS, FL 33912

Title: D () Delete
Name: KINCART, ROBERT
Address: 1875 WEST MAIN STREET
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: COURT, GARY
Address: 7220 FINANCIAL WAY, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN STOWE

DP

01/17/2005

Electronic Signature of Signing Officer or Director

Date