

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38152

FILED  
Mar 21, 2007  
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: RHODES, WILLIAM  
Address: POST OFFICE BOX 241  
City-St-Zip: PLYMOUTH, FL 32768

Title: VD ( ) Delete  
Name: BAKER, BART  
Address: 15248 TAMiami TRAIL SOUTH, SUITE 800  
City-St-Zip: FT. MYERS, FL 33908

Title: TD ( ) Delete  
Name: STEPHENS, ROBERT  
Address: P.O. BOX 2175  
City-St-Zip: MANGO, FL 33550

Title: SD ( ) Delete  
Name: HILFIKER, STEPHEN  
Address: 15248 TAMiami TRAIL SOUTH, SUITE 800  
City-St-Zip: FT. MYERS, FL 33908

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 Chapter 119, 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: WILLIAM RHODES

P

03/21/2007

Electronic Signature of Signing Officer or Director

Date