

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90097 015 ****61.25

DOCUMENT # N38933

1. Entity Name

**ENVIRONMENTAL EDUCATION RESOURCE COUNCIL OF
NORTHEAST FLORIDA, INC.**



Principal Place of Business

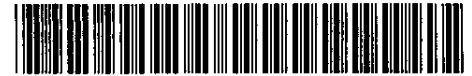
**590 DEERFIELD ROAD
SAINT AUGUSTINE FL 32095
US**

Mailing Address

**590 DEERFIELD ROAD
SAINT AUGUSTINE FL 32095
US**

2. Principal Place of Business

3. Mailing Address



MOORE

CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3011947

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEMING, BEVERLY
590 DERFIELD RD.
ST.AUGUSTINE FL 32095**

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)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE **VP** ☐ Delete
NAME **FLEMING, BEVERLY J**
STREET ADDRESS **490 DEERFIELD ROAD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **PD** ☐ Delete
NAME **BAILEY, SARAH**
STREET ADDRESS **2202 BISHOP ESTATES RD**
CITY-ST-ZIP **JACKSONVILLE FL 32095**

TITLE **D** ☐ Delete
NAME **WOODARD, MARIE**
STREET ADDRESS **2640 TACITO TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL 32227**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Beverly J. Fleming* BEVERLY J. Fleming 4-24-04 904 824-4423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #