

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**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**



D4272007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3011947</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FLEMING, BEVERLY J
STREET ADDRESS	490 DEERFIELD ROAD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095

TITLE	VD
NAME	BAILEY, SARAH
STREET ADDRESS	2202 BISHOP ESTATES RD
CITY-ST-ZIP	JACKSONVILLE, FL 32095

TITLE	D
NAME	WOODARD, MARIE
STREET ADDRESS	2840 TACITO TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32227

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000748318  
05/17/07-80062-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Beverly J. Fleming Beverly J. Fleming 4-27-07 904 284-9488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #