

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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



FILED
Jul 09, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3011947

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FLEMING, BEVERLY
590 DERFIELD 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 _____ (NOTE: Registered Agent signature required when restateing) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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

U000000953837
07/09/08-80006-032 70.00

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 2640 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

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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 another like empowered.

SIGNATURE:

Beverly J. Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-08 (904)824-4423

Date Daytime Phone #