

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90095 043 ****61.25

DOCUMENT # N40008

1. Entity Name
**NORTHEAST CHAPTER FLORIDA ASSOCIATION OF
ENVIRONMENTAL PROFESSIONALS, INC.**



Principal Place of Business
**PO BOX 551001
JACKSONVILLE, FL 32255 US**

Mailing Address
**PO BOX 551001
JACKSONVILLE, FL 32255 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3037146

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

**SNYDER, WARREN
4215 SOUTHPPOINT BLVD
SUITE 260
JACKSONVILLE, FL 32216**

Name **Mathews, Chad**
Street Address (P.O. Box Number is Not Acceptable)
**8933 Western Way
Suite 12
Jacksonville FL 32256**

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]

Chad N. Mathews, Treasurer

4-8-06

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SNYDER, WARREN**
STREET ADDRESS **4215 SOUTHPPOINT BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **PD** ☒ Change ☐ Addition
NAME **Rebecca Heilman**
STREET ADDRESS **8933 Western Way, Suite 12**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **SD** ☐ Delete
NAME **PATTERSON, JOSH**
STREET ADDRESS **7220 FINANCIAL WAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **SD** ☒ Change ☐ Addition
NAME **Shelley Wilson**
STREET ADDRESS **21 W. Church St., T-8**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **TD** ☐ Delete
NAME **BOOTHMAN-TOKE, LESLEY**
STREET ADDRESS **8933 WESTERN WAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **TD** ☒ Change ☐ Addition
NAME **Chad Mathews**
STREET ADDRESS **8933 Western Way, Suite 12**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **VD** ☐ Delete
NAME **PACE, STEVE**
STREET ADDRESS **117 W. DUVAL STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

[Signature]

Chad N. Mathews, Treasurer

4-8-06