

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90179 039 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03212007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3037146**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MATHEWS, CHAD  
8933 WESTERN WAY  
SUITE 12  
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name **Chad Mathews**

Street Address (P.O. Box Number is Not Acceptable)

**9428 Baymeadows Road, Suite 400**

City **Jacksonville**

**FL**

Zip Code  
**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

*Chad N. Mathews*, **Chad N. Mathews, Treasurer**

**3-28-07**

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PD                         | <input type="checkbox"/> Delete |
| NAME           | HEILMAN, REBECCA           |                                 |
| STREET ADDRESS | 8933 WESTERN WAY SUITE 12  |                                 |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32256     |                                 |
| TITLE          | SD                         | <input type="checkbox"/> Delete |
| NAME           | WILSON, SHELLEY            |                                 |
| STREET ADDRESS | 21 W CHURCH ST., T-8       |                                 |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32202     |                                 |
| TITLE          | TD                         | <input type="checkbox"/> Delete |
| NAME           | MATHEWS, CHAD              |                                 |
| STREET ADDRESS | 5933 WESTERN WAY, SUITE 12 |                                 |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32256     |                                 |
| TITLE          | VD                         | <input type="checkbox"/> Delete |
| NAME           | PACE, STEVE                |                                 |
| STREET ADDRESS | 117 W. DUVAL STREET        |                                 |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32202     |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | PD                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Hickson, Tiffany                |  |
| STREET ADDRESS | 6743 Southpoint Drive North     |  |
| CITY-ST-ZIP    | Jacksonville, FL 32216          |  |
| TITLE          | SD                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Johnson, Jill                   |  |
| STREET ADDRESS | 2258 Riverside Avenue           |  |
| CITY-ST-ZIP    | Jacksonville, FL 32204          |  |
| TITLE          | TD                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mathews, Chad                   |  |
| STREET ADDRESS | 9428 Baymeadows Road, Suite 400 |  |
| CITY-ST-ZIP    | Jacksonville, FL 32256          |  |
| TITLE          | VD                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Wilson, Shelley                 |  |
| STREET ADDRESS | 2900 Hartley Road               |  |
| CITY-ST-ZIP    | Jacksonville, FL 32257          |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Chad N. Mathews*, **Chad N. Mathews, Treasurer** **3-28-07** **904-363-3430**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #