

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40008

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

9428 BAYMEADOWS ROAD
SUITE 400
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 551001
JACKSONVILLE, FL 32255 US

New Mailing Address:

FEI Number: 59-3037146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEWS, CHAD
9428 BAYMEADOWS ROAD
SUITE 400
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HICKSON, TIFFANY
Address: 6743 SOUTHPOINT DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: FISCHER, TERESA
Address: 2258 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD () Delete
Name: MATHEWS, CHAD
Address: 9428 BAYMEADOWS ROAD, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete
Name: GRIFFIN, JAMES
Address: 2258 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD () Delete
Name: HOLT, WAYNE
Address: 8500 HECKSHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATHEWS, CHAD
Address: 9428 BAYMEADOWS ROAD, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD (X) Change () Addition
Name: FISCHER, TERESA
Address: 1200 RIVERPLACE BOULEVARD, SUITE 710
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: WILCOX, SUE
Address: 701 SAN MARCO BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD (X) Change () Addition
Name: GRIFFIN, JAMES
Address: 1200 RIVERPLACE BOULEVARD, SUITE 710
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD N. MATHEWS

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date