

FILE NOW: FILING FEE IS \$61.25✓

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49719** (0)

1. Corporation Name

ENVIRONMENTAL HEALTH FOUNDATION, INC.



Principal Place of Business

1760 E RIVER RD
STE 139A
TUCSON AZ 85718
US

Mailing Address

1760 E RIVER RD
STE 139A
TUCSON AZ 85718
US

3. Date Incorporated or Qualified

07/07/1992

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1760 E. RIVER RD.

26 1760 E. RIVER RD.

4. FEI Number

65-0343549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 TUCSON, AZ.

28 TUCSON, AZ.

24 Zip 85718

25 Country U.S.A.

29 Zip 85718

30 Country U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, CLAYTON E
MIAMI CENTER - SUITE 2000
201 S. BISCAYNE BLVD.
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE
NAME BELL, ALAN
STREET ADDRESS 4161 N. CAMINO DEL CELDOR
CITY-ST-ZIP TUCSON AZ

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME 4161 N. Camino del Celdor
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME STANFORD, HENRY K
STREET ADDRESS 510 W. LAMAR STREET
CITY-ST-ZIP AMERICUS GA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DCO ☐ DELETE
NAME BELL, ROBERT
STREET ADDRESS 8900 SW 107 AVE, SUITE 301
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME HECHTMAN, BARRY
STREET ADDRESS 8900 SW 107 AVE, SUITE 301
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ALLEN, ROBERT
STREET ADDRESS 2901 N CENTRAL AVE
CITY-ST-ZIP PHOENIX AZ

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Director 1-15-96 520-577-5225

CR2E037 (12/95)