


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N50022		
1. Entity Name ENVIRONMENTAL FUND FOR FLORIDA, INC.		

Principal Place of Business 2545 BLAIRSTONE PINES DR TALLAHASSEESBURG, FL 32301 US	Mailing Address 2545 BLAIRSTONE PINES DR TALLAHASSEESBURG, FL 32301 US
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3135929	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent CHENOWETH, MICHAEL F 31 GARDEN COVE DR. KEY LARGO, FL 33037-5005

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
(NOTE: Registered Agent signature required when reinstating)
DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000195657 01/26/05-80036-015 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHENOWETH, MICHAEL F 31 GARDEN COVE DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VALENCIC, CYNTHIA 1114 THOMASVILLE RDD. TALLAHASSEEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HINES, DIANE 2545 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALLEE, JUDITH 500 N. MAITLAND AVENUE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Liane Hines, Treasurer</u>	Date: <u>Jan. 18, 2005</u>	Daytime Phone #: <u>(850) 656-7113</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		