

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N50022

Entity Name
ENVIRONMENTAL FUND FOR FLORIDA, INC.



Principal Place of Business
**2545 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301 US**

Mailing Address
**2545 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301 US**



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3135929

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee 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 _____

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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHENOWETH, MICHAEL F
STREET ADDRESS	31 GARDEN COVE DRIVE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	V
NAME	VALENCIC, CYNTHIA
STREET ADDRESS	1114 THOMASVILLE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	T
NAME	HINES, DIANE
STREET ADDRESS	2545 BLAIRSTONE PINES DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	VALLEE, JUDITH
STREET ADDRESS	500 N. MAITLAND AVENUE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Diane Hines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06
Date

950-656-7113
Telephone #

Diane Hines, Treasurer