2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N50022

1. Entity Name
ENVIRONMENTAL FUND FOR FLORIDA, INC.

40020071

01252007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
2545 BLAIRSTONE PINES DR TALLAHASSEESBURG, FL 32301 US	2545 BLAIRSTONE PINES DR TALLAHASSEESBURG, FL 32301 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

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	7. Name and Address of New Registered Agent
CHENOWETH, MICHAEL F 31 GARDEN COVE DR. KEY LARGO, FL 33037-5005	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 resigning) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHENOWETH, MICHAEL F	NAME	
STREET ADDRESS	31 GARDEN COVE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 33037	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALENCIC, CYNTHIA	NAME	
STREET ADDRESS	1114 THOMASVILLE RDD.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEEE, FL 32303	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HINES, DIANE	NAME	
STREET ADDRESS	2545 BLAIRSTONE PINES DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALLEE, JUDITH	NAME	
STREET ADDRESS	500 N. MAITLAND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Diane Hines, Treasurer 2/14/07 850-656-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 19, 2007 8:00 am
Secretary of State
02-19-2007 90052 006 ****70.00