

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90096 012 ****70.00

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|--|--|--|--------------------------------------|
| DOCUMENT # N50022 1. 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 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01072008 No Chg-NP CR2E037 (4/06) | |
| | | 4. FEI Number 59-3135929 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE | |
| 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 RD 1122 Rosewood Dr. TALLAHASSEE, FL 32303 32301 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T HINES, DIANE 2545 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32304 32301 | | |
| 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 | | | |
| 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: <u>Liane Hines</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>4/15/08</u> | Daytime Phone #: <u>850-656-7113</u> |