


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N50619 1. Entity Name OSTEGO BAY ENVIRONMENTAL RESPONSE COOPERATIVE, INC.	
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Principal Place of Business 718 FISHERMAN'S WHARF FT MYERS BEACH, FL 33931	Mailing Address 1130 MAIN ST. FT. MYERS BCH., FL 33931 US
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0307348	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOANNE SEMMER
37A NANCY LN
FT MYERS BEACH, FL 33931

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMMER, JOANNE E. 718 FISHERMAN'S WHARF FT MYERS BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDRON, NEUTON 3681 SOUTH ROAD N FORT MYERS, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMMER, WILLIAM S. 1130 MAIN ST. FT MYERS BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, GRANT PO BOX 2552-1100 SHRIMP BOAT LANE FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/10/05-80074-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joanne Semmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-05 (239) 463-2588
Date Daytime Phone