

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

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N50619

1. Entity Name
**OSTEGO BAY ENVIRONMENTAL RESPONSE
COOPERATIVE, INC.**



Principal Place of Business
**718 FISHERMAN'S WHARF
FT MYERS BEACH, FL 33931**

Mailing Address
**1130 MAIN ST.
FT. MYERS BCH., FL 33931 US**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0307348

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOANNE SEMMER
792 OAK ST
FORT 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, 2008**

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.
792 OAK STREET
FORT MYERS BEACH, FL 33931**

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

U00000776533
01/09/08-80029-006 61.25

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-03-08

Date

239

470-4993

Daytime Phone #