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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N9400000164 (3)

INTERNATIONAL EROSION CONTROL ASSOCIATION - SOUT HEASTERN CHAPTER, INC.

| Principal Place of Business | | Mailing Address | | | r samerama man amuse maller mares marte marte marte dorre malle bente bente bente bente bente bente bille | |
|------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------|
| 10276 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410 | | 10276 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410 | | | | |
| | | | | | 3. Date Incorporated or Qualified 01/12/1994 | 3a. Date of Last Report 10/05/1995 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 65-0600884 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| City & State | | 27 | | | Fee Required | |
| 23 | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| Zip | Country | Zip | Countr | | Trust Fund Contribution | Added to Fees |
| 24 | 25 | 29 | 30 | y | This corporation has liability for in: Florida Statutes | tangible tax under s. 199.032, Yes No |
| | 9. Name and Address of Currer | | 1201 | | 10. Name and Address of New Re | |
| | | | 81 | Name | | |
| HACKET | t, andrew K | | 20 01 14 | | IDO D. N. S. | |
| 10 BAY HARBOR RD. | | 82 Street Ad | | dress (P.O. Box Number is Not Acceptable |) | |
| TEQUES: | TA FL 33469 | | 63 | 1 | | |
| | | | L | | | |
| | | | 84 | City | | Fi 85 Zip Code |
| 11. Pursuant t | o the provisions of Sections 617,0502 | 2 and 617.1508, Florida Statut | es, the above | named corpo | pration submits this statement for the purpo | ose of changing its registered office |
| or registeri familiar wit | ed agent, or both, in the State of Flori h, and acaept the obligations of, Sec | da. Such change was authoriz Ion 617:0508, Florida Statutes | ed by the con i. • | poration's boa | and of directors. I hereby accept the appoint | ntment as registered agent. I am |
| SIGNATURE | 11. K. K. 14. | | | - 1 <u>e as</u> ua: | • 1 | 3/13/96 |
| OIGHTONE _ | Signature, typed or printed name of augistered agent | t and title if applicable (NC | JTL Registered Age | int signature requir | ed when reinstating) | 113/10 |
| 12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | DT ANDDOM V | DELETE | 11 TITLE | | | Change Addition |
| NAME | HACKETT, ANDREW K 10 BAY HARBOR RD. | | 1 2 NAME | - 1 | | |
| STREET ADDRESS | TEQUESTA FL 33469 | | | T ADDRESS | | |
| CITY-ST-ZIF | DP 1EQUESTA PL 33469 | CON CIC | 1.4 CITY- | ST-ZIP | | |
| TITLE | Murry, Stephen W | DELETE | 2 1 TITLE | | | Change Addition |
| NAME | 2000 CLEARVIEW AVE., NE | | 2 2 NAME | | | |
| STREET ADDRESS | ATLANTA GA 30340 | | | 1 ADDRESS | | |
| CITY-ST-ZIP TITLE | DV | NEI ETE | 2 4 CITY - | | | Character To Addition |
| NAME | RADSDALE, SKIP | DELETE | 3 2 NAME | | J.D. PAINTER PV | Change Addition |
| STREET ADDRESS | P.O. BOX 87 N/A | | 1 | T ADDRESS P | O. Box 3927 | |
| CITY-ST-ZIP | NEW CASTLE AL 35119 | | | | | Q |
| TITLE | 11277 0710122 112 00110 | □ DELÉTE | 3.4 CITY- | SI-ZIP | Birmingham, AL 3520 OS | Change Addition |
| NAME | | | 4. 2 NAME | . • | TION VENER | Change Notition |
| STREET ADDRESS | | | | TADDRESS - | TERRI KRUEN LANGE S | wite 500 |
| CITY-ST-ZIF | | | 4.4 CITY - | ET ZID | TERRI KROKK 1500 PANKWAY LANE S NORCHOSS, GA 3009 | 2 |
| TITLE | | DELETE | 5.1 TITLE | 31-217 | VOICOUSS, UM SOOT | Change Addition |
| NAME | | | 5.2 NAME | | | Fire do [] vido qui |
| STREET ADDRESS | | | | T ADDRESS | | |
| CITY-ST-ZIP | | | 5 4 CITY- | | | |
| TITLE | | DELETE | 6.1 TITLE | E-1 | | ☐ Change ☐ Addition |
| NAME | | _ | 6 2 NAME | | | _ , |
| STREET ADDRESS | | | | T ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY- | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if cl

THEASUNER CENTER DIRECTOR

3/13/96 407-627-4407

CR2E037 (12/95)