

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE
		<b>Sandra B. Mortham</b>
		Secretary of State
		DIVISION OF CORPORATIONS

DOCUMENT # **N94000000164 (3)**

1. Corporation Name

**INTERNATIONAL EROSION CONTROL ASSOCIATION - SOUTHEASTERN CHAPTER, INC.**

Principal Place of Business  
**10276 RIVERSIDE DRIVE  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**10276 RIVERSIDE DRIVE  
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/12/1994** 3a. Date of Last Report **05/01/1996**

4. FEI Number **65-0600884** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
**21 SAME**

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address  
**26 SAME**

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**HACKETT, ANDREW K  
10 BAY HARBOR RD.  
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent

81 Name **SAME**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Andrew K. Hackett* **Andrew K. Hackett** **7/21/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>HACKETT, ANDREW K</b>	
STREET ADDRESS	<b>10 BAY HARBOR RD.</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MURRY, STEPHEN W</b>	
STREET ADDRESS	<b>2000 CLEARVIEW AVE., NE</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30340</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>PAINTER, J.D.</b>	
STREET ADDRESS	<b>P.O. BOX 3927</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOCK, TERRI</b>	
STREET ADDRESS	<b>3500 PARKWAY LANE SUITE 500</b>	
CITY-ST-ZIP	<b>NORCROSS GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DV</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DP</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 changed or on an attachment with an address.

SIGNATURE: *Andrew K. Hackett* **ANDREW K. HACKETT**  
TEQUESTA FL 33469 7/21/97 65-0600884

CR2E037 (4/97)