

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/12/1994	
4. FEI Number 65-0600884	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Zip 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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* (NOTE: Registered Agent signature required when reinstating) DATE: **3/11/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT/S	NAME HACKETT, ANDREW K	1.1 TITLE DP	1.2 NAME K. FLINT HOLBROOK
STREET ADDRESS 10 BAY HARBOR RD.	CITY-ST-ZIP TEQUESTA FL 33469	1.3 STREET ADDRESS 8731 Redbank Blvd., Suite 101	1.4 CITY-ST-ZIP Charlotte, NC 28217
TITLE DV	NAME MURRY, STEPHEN W	2.1 TITLE DV	2.2 NAME Billy Belland
STREET ADDRESS 2000 CLEARVIEW AVE., NE	CITY-ST-ZIP ATLANTA GA	2.3 STREET ADDRESS 1489 Coliseum Blvd	2.4 CITY-ST-ZIP Montgomery, AL 36110-2060
TITLE DP	NAME PAINTER, J.D.	3.1 TITLE	3.2 NAME
STREET ADDRESS P.O. BOX 3927	CITY-ST-ZIP BIRMINGHAM AL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE DS	NAME KNOCK, TERRI	4.1 TITLE	4.2 NAME
STREET ADDRESS 3500 PARKWAY LANE SUITE 500	CITY-ST-ZIP NORCROSS GA	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *K. Flint Holbrook* DATE: **2/18/98**

CR2E037 (10/97)