

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 - SOUT
HEASTERN CHAPTER, INC.**

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



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

3. Date Incorporated or Qualified

01/12/1994

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ 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

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
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/11/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	DT/S	<input type="checkbox"/> DELETE
NAME	HACKETT, ANDREW K	
STREET ADDRESS	10 BAY HARBOR RD.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MURRY, STEPHEN W	
STREET ADDRESS	2000 CLEARVIEW AVE., NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PAINTER, J.D.	
STREET ADDRESS	P.O. BOX 3927	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KNOCK, TERRI	
STREET ADDRESS	3500 PARKWAY LANE SUITE 500	
CITY-ST-ZIP	NORCROSS GA	
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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	K. FLINT HOLBROOK	
1.3 STREET ADDRESS	8731 Redbank Blvd., Suite 101	
1.4 CITY-ST-ZIP	Charlotte, NC 28217	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Billy Belland	
2.3 STREET ADDRESS	1409 Coliseum Blvd	
2.4 CITY-ST-ZIP	Montgomery, AL 36110-2060	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
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 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
K. FLINT HOLBROOK, Pres. 2/18/98

CR2E037 (10/97)