## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N9400000592 (5)

## DOCUMENT # 1. Corporation Name **ENVIRONMENTAL ADVOCATES, INCORPORATED**

Mailing Address Principal Place of Business P O BOX 723 P O BOX 723 OCKAWAHA FL 32179 OCKAWAHA FL 32179 3. Date Incorporated or Okarfied

								3.	Date Incorporated or Coarfield 02/04/1994		of Last Report /30/1995	
- Ennorpal Place of Business			2a. Mailing Address				4.	APPLIED FOR 5%	325319	Applied For  Not Applicable		
Suite, Apt. #, etc.			26   Suite, Apt. #, etc   27					5. Certificate of Status Desired S8.75 Additional Fee Required				
23	City & State			Oity & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	Zip 32183	Country 25	29	Zιp	30 Co.	Country 30			This corporation has liability for inf Florida Statutes	Yes 🗌 No		
Name and Address of Current Registered Agent						81	Nanie	10.	Name and Address of New Fie	gistered Age	ent	
MYERS, LEWIS O 403 NE 2ND ST OCALA FL 34470					82 Street Address (P.O. Box Number is Not Acceptable)							
					83							
						84	City			FL	35 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printer, name of registered agencia acid title. Laquidod in: (NOTE: Registered Agent signature) which responses to the content of the content									
12.	OFFICERS AND DIR		13.	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DP	DELFTE	11 TITLE	Change Addition					
NAME	HENNESSY, TISH		1.2 NAME						
STREET ADDRESS	P O BOX 723 N/A		1.3 STREET ADDRESS						
CITY-ST-ZIP	OCKLAWAHA FL 32179		1.4 CIFY - ST - ZIP						
TITLE	DV	☐ DELETE	2 1 TITLE	☐ Ghange ☐ Addition					
NAME	SHAW, DON		2 2 NAME						
STREET ADDRESS	P O BOX 2776 N/A		2.3 STREET ADDRESS						
CITY-ST-ZIP	BELLEVIEW FL 34421		2 4 CITY - ST-ZIP						
TITLE	DST	DELETE	3 1 TITLE	☐ Change ☐ Addition					
NAME	NOEL, DIANE		3 2 NAME						
STREET ADDRESS	12151 SE 86TH AVE		3 3 STREET ADORESS						
CITY-ST-ZIP	BELLEVIEW FL 34420		3.4 CITY+ST-ZIP						
TITLE		DELETE	4.1 TiTLE	☐ Change ☐ Addition					
NAME			4 2 NAME						
STREET ADDRESS			4 3 STREET ADDRESS						
CITY-ST-ZIP			4.4 City - St - ZiP						
TITLE		DELETE	5 1 TITLE	SUDDU15421@mge DAddition					
NAME			5 2 NAME	-05/29/9601030033					
STREET ADDRESS			5 3 STREET ADDRESS	***81.25					
CITY-ST-ZIP			54 CITY-ST-ZIP						
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition					
NAME			6.2 NAME	5/1196					
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY - ST - ZIP						

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 chapted, or on an attachment with an address.