## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400000592 (5)

## **ENVIRONMENTAL ADVOCATES, INCORPORATED**

Principal Place of Business

Mailing Address

## **FILED** May 06 1997 8:00am Secretary of State



P O BOX 723 DCKAWAHA FL 32179				P O BOX 723 OCKAWAHA FL 32183-0723								
·								3. Date Incorporated or Qualified 02/04/1994	3a. Date of 05/01	Last Re /1996	port	
2. Principal Place of Business				2a. Mailing Address			4. FEI Number		Ар	plied For		
21				26				59-3253197		No	Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional	
22				27			5. Cermicate of Status Besired	THE I	ee Re	quired		
City & State				City & State			6. Election Campaign Financing	\$5.00 May Be				
23				28				Trust Fund Contribution				
Zip		Country	<del></del>	Zip	Gountry			8. This corporation has liability for intangible tax under s. 199.032,				
24	. Blama	25	29		30			Florida Statutes Yes V No  10, Name and Address of New Registered Agent				
	9, Name	and Address of Curr	ent Hegiste	erea Agent		Nam		10. Name and Address of New He	gisterea Agent			
					1	INAII	ie.					
MYERS, LEWIS O					82 Street Addr			ess (P.O. Box Number is Not Acceptab	le)			
403 NE 2ND ST					83							
OCALA FL 34470						23						
					8	34 City			FL 85	Zip (	Code	
11. Pursuant office or agent. I	t to the provis registered ag am familiar w	ions of Sections 617.09 gent, or both, in the Sta th, and accept the obl	502 and 61 te of Florida igations of,	7.1508, Florida Statut a. Such change was a Section 617.0503, Flo	es, the abo authorized orida Statu	ove-name by the cates.	ed corp orporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of chan at the appointm	ging its ent as	registered registered	
SIGNATURE		or printed name of registered a	igent and title if	applicable (NOT	E Registered	Ageni signa	ure require	ed when reinstating)	DATE	*		
12.		OFFICERS A	NO DIRECT	TORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOR	S IN 12	
TITLE	DP			☐ DELETE	1.1 TOTA	E			c	hange	Addition	
NAME	HENNESS	SY, TISH			1.2 NAM	(E						
STREET ADORESS				13 S		EET ADDRES	s					
CITY-ST-ZIP	OCKLAW	AHA FL 32179			1.4 CITY	r-ST-ZIP					1	
TITLE	DV			☐ DELETE	2.1 TITL	E			C	hange	Addition	
NAME	SHAW, D	ON			2.2 NAN	1E						
STREET ADDRESS	P O BOX	2776 N/A			2.3 STR	EET ADDRES	s					
CITY-ST-ZIP	BELLEVIE	W FL 34421			2. 4 CIT	Y-ST-ZIP	Ì					
TITLE	DST			☐ DELETE	3.1 111	E		•		hange	Addition	
NAME	NOEL, DI	ANE			32 NAM	1E						
STREET ADDRESS	12151 SE	86TH AVE			3.3 STR	EET ADDRES	s					
CITY-ST-ZIP	BELLEVIE	W FL 34420			3,4 CIT	Y-ST-ZIP						
TOTLE				☐ DELETÉ	4.1 TITL	E				hange	☐ Addition	
NAME					4. 2 NA	ME					ļ	
STREET ADDRESS	1:				4.3 STR	EET ADORES	s				]	
CITY-ST-ZIP	1					-ST-ZIP	<u> </u>			. <b></b> .		
TITLE				[] DELETE	5.1 TITL	E				hange	Addition	
NAME					52 NAM	ME						
STREET ADDRESS	i				5.3 STR	EET ADDRES	s					
CITY-ST+ZIP	<u> </u>				5,4 CIT	/-ST-ZIP						
TITLE	-			☐ DELETE	6.1 TITL	Æ				hange	Addition	
NAME					6,2 NAM	Æ						
STREET ADDRESS	;				6,3 STR	eet addres	is					
CITY-ST-ZIP	<u> </u>				6,4 CIT	/-ST-ZIP						

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 thanged, or on an attachment with an address.