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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000592 (5)**

1. Corporation Name

ENVIRONMENTAL ADVOCATES, INCORPORATED



Principal Place of Business	Mailing Address
P O BOX 723 OCKAWAHA FL 32179	P O BOX 723 OCKAWAHA FL 32179

3. Date Incorporated or Qualified

02/04/1994

4. FEI Number

59-3253197

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 *Same as above*

26 *Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, LEWIS O
403 NE 2ND ST
OCALA FL 34470

Deceased

81 Name

Tish Hennessy

82 Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 723

83

10250 SE Hwy 464C

84 City

Ocklawaha

FL

85 Zip Code

32179

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 *Tish Hennessy, Director*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/15/98*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HENNESSY, TISH	
STREET ADDRESS	P O BOX 723 N/A	
CITY-ST-ZIP	OCKLAWAHA FL 32179	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHAW, DON	
STREET ADDRESS	P O BOX 2776 N/A	
CITY-ST-ZIP	BELLEVIEW FL 34421	

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	NOEL, DIANE	
STREET ADDRESS	12151 SE 86TH AVE	
CITY-ST-ZIP	BELLEVIEW FL 34420	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>DST</i>
3.3 STREET ADDRESS	<i>Kathleen Fleming</i>
3.4 CITY-ST-ZIP	<i>10252 SE Hwy 464C</i>

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<i>Ocklawaha FL 32179</i>

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: *Tish Hennessy* *4/16/98* *352-288-1754*

CR2E037 (10/97)