

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90091 049 ****61.25

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1. Entity Name

ENVIRONMENTAL ADVOCATES, INCORPORATED



Principal Place of Business

4350 SE 145TH STREET
SUMMERFIELD FL 34491

Mailing Address

PO BOX 2776
BELLEVIEW FL 34421

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3253197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNESSEY, TISH
P O BOX 723
10252 SE HWY 464 C
OCKLAWAHA FL 32179

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP
DP
HENNESSY, TISH
P O BOX 723 N/A
OCKLAWAHA FL 32179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP
DV
SHAW, DON
P O BOX 2776 N/A
BELLEVIEW FL 34421

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP
DST
TARASKA, VICTORIA W
6133 SE 123 LANE
BELLEVIEW FL 34420

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
DV
BEVERLY ROWAN
8141 S. MAGNOLIA AVE
OCALA, FL 34476

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
DST
GAIL ZIPPILLI
13265 S.E. 93rd Circle
Summerfield, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gail K. Zippilli* **GAIL K. Zippilli 3-2-07 352-347**