


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90147 043 ****61.25

DOCUMENT # N94000000592 1. Entity Name ENVIRONMENTAL ADVOCATES, INCORPORATED	
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Principal Place of Business 4350 SE 145TH STREET SUMMERFIELD, FL 34491	Mailing Address PO BOX 2776 BELLEVIEW, FL 34421
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3253197	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENNESSEY, TISH P O BOX 723 10252 SE HWY 464 C OCKLAWAHA, FL 32179
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENNESSEY, TISH P O BOX 723 N/A OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROWAN, BEVERLY 8141 S MAGNOLIA AVE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ZIPPILLI, GAIL 6133 SE 123 LANE 13265 S.E. 93rd Cir BELLEVIEW, FL 34420 Summerfield, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Zippilli 4-14-08 347-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #