


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90021 014 ****61.25

DOCUMENT # N94000006284 1. Entity Name FLORIDA ASSOCIATION OF RESOURCE CONSERVATION AND DEVELOPMENT COUNCILS, INC.	
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Principal Place of Business
**5230 WILLING STREET
MILTON, FL 32570 US**

Mailing Address
**5230 WILLING STREET
MILTON, FL 32570 US**



01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3290044	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LUNDIN, BILL *JD. Fulford*
**5230 WILLING STREET
MILTON, FL 32570**

**DO NOT WRITE
IN THIS SPACE**

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

JD. Fulford

(NOTE: Registered Agent signature required when reinstating)

February 10, 2004

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>CD</i> ADAMS, JOHN 8661 NW 24TH STREET SUNRISE, FL 33322
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SD</i> LUNDIN, BILL 5230 WILLING STREET MILTON, FL 32570
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VO</i> STEPHANY, S. J. PO BOX 603 N/A ALTOONA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>STD</i> FULFOR, JD 1463 LEWIS RD MILTON, FL 32570
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SD</i> CRAWLEY, PATRICIA 13483 NW 7TH STREET PLANTATION, FL 33325
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/4

Date

Daytime Phone #