

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90001 038 \*\*\*\*61.25

**DOCUMENT # N94000006284**

1. Entity Name  
FLORIDA ASSOCIATION OF RESOURCE  
CONSERVATION AND DEVELOPMENT COUNCILS, INC.



Principal Place of Business  
5230 WILLING STREET  
MILTON, FL 32570 US

Mailing Address  
5230 WILLING STREET  
MILTON, FL 32570 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3290044

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUNDIN, BILL  
5230 WILLING STREET  
MILTON, FL 32570

7. Name and Address of New Registered Agent

Name  
J.D. Fulford  
Street Address (P.O. Box Number is Not Acceptable)  
5230 Willing Street

City Milton, FL Zip Code 32570

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

Filing Fee is \$61.25  
Due by May 1, 2006

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	CD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, JOHN	
STREET ADDRESS	8661 NW 24TH STREET	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FULFOR, JD	
STREET ADDRESS	1463 LEWIS RD	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRAWLEY, PATRICIA	
STREET ADDRESS	13483 NW 7TH STREET	
CITY-ST-ZIP	PLANTATION, FL 33325	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nick Fransisco	
STREET ADDRESS	5230 Willing St	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	VP1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Livingston	
STREET ADDRESS	5230 Willing St.	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	VP2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John O'Connor	
STREET ADDRESS	5230 Willing St	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	PAR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil Girno	
STREET ADDRESS	5230 Willing St	
CITY-ST-ZIP	Milton, FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/06

850-623-0030