


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90223 036 \*\*\*\*61.25

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # N94000006284</b><br>1. Entity Name<br><b>FLORIDA ASSOCIATION OF RESOURCE<br/>CONSERVATION AND DEVELOPMENT COUNCILS, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>5230 WILLING STREET<br/>MILTON, FL 32570 US</b>  |  |  | Mailing Address<br><b>5230 WILLING STREET<br/>MILTON, FL 32570 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2012 E. Michigan St.</b>  |  | 3. Mailing Address<br><b>2012 E. Michigan St.</b>  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |  |
| City & State<br><b>Orlando, FL</b>   |  | City & State<br><b>Orlando, FL</b>   |   | 4. FEI Number<br><b>59-3290044</b>   |  |
| Zip<br><b>32806</b>  |  | Country<br><b>Orange</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| Zip<br><b>32806</b>  |  | Country<br><b>Orange</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FULFORD, J.D.<br/>5230 WILLING ST<br/>MILTON, FL 32570</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Nick Francisco</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2431 Princess Carol Ct.</b><br>City <b>Orlando</b> <b>FL</b> Zip Code <b>32807</b> |  |
| 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.<br><br>SIGNATURE  DATE <b>4/24/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CD<br>FRANSISCO, NICK<br>5230 WILLING ST<br>MILTON, FL 32570           | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | PD<br>FRANCISCO, Nick<br>2431 Princess Carol Ct.<br>Orlando, FL 32807  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>FULFOR, JD<br>1463 LEWIS RD<br>MILTON, FL 32570                 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>CRAWLEY, PATRICIA<br>13483 NW 7TH STREET<br>PLANTATION, FL 33325 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP1<br>LIVINGSTON, PA<br>5230 WILLING ST<br>MILTON, FL 32570           | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | 4049 Reid Street<br>Palatka, FL 32177  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP2<br>O'CONNOR, JOHN<br>5230 WILLING ST<br>MILTON, FL 32570           | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | 2012 E. Michigan St.<br>Orlando, FL 32806  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PAR<br>GIRNO, PHIL<br>5230 WILLING ST<br>MILTON, FL 32570              | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | D<br>2012 E. Michigan St.<br>Orlando, FL 32806   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:    |  |  | 4/24/07 407-896-0353<br><small>Date Daytime Phone #</small>           |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |   |  |  |

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