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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500001959 (4)

ANNA MARIA ENVIRONMENTAL EDUCATION ASSOCIATION, INC.

Principal Place of Business 234 - 85TH STREET HOLMES BEACH FL 34217

Mailing Address

234 - 85TH STREET HOLMES BEACH FL 34217



						•	3. Date Incorporated or Qualified 3a. Date of Last Report				
Principal Place of Business     2a. Mailing Address					4. FEI Number		, , , , , , , , , , , , , , , , , , , ,		Applied For		
21	26						65-0632478		<u></u>	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<del></del>	5.0.00		\$8.7	5 Additional	
22		27					<ol><li>Certificate of Status Desired</li></ol>			Required	
City & State City & State						6. Election Campaign Financing	FT-14	\$5.0	May Be		
23		28					Trust Fund Contribution			d to Fees	
Zip	Country	Zip	_	untry			8. This corporation has liability for in			. 199.032,	
24 25 29 30 9. Name and Address of Current Registered Agent						Florida Statutes Yes No					
	J. Hame and Addited of Content	Hedistolen Wall		81	Name		10. Name and Address of New Re	gistered	Agent		
DYF. STI	EPHEN R			Ĺ							
	D AVENUE WEST			82 Street Address (P.O. Box Number is Not Acceptable)							
	TON FL 34205			83							
				84	City				<b>85</b> Z	p Code	
11. Pursuant t	o the provisions of Sections 617.0502	and 617 1509. Florida Status	too the ehr	1 1	med se			<u>FL</u>	ـــلــــــــــــــــــــــــــــــــــ		
Or regulater	eu agent, di poni, in the state di Fibrid	a, Such change was authori.	zecin∨ tne i	ove-na corpo	amed cor ration's t	rporation board o	on submits this statement for the purp of directors. I hereby accept the appoi	iose of cha intment as	inging its i reaistered	registered office	
familiar wit	th, and accept the obligations of, Section	on 617.0503, Florida Statute	s.	•			of the second se	TRANSPIR GO	109.000.00	agont run	
SIGNATURE _	Clouds										
12.	Signature, typed or printed name of registered agent a OFFICERS AND		OTE: Registered	Agent	signature re	kquired wh	en reinstating) ADDITIONS/CHANGES 10 OFFIC	DATE DECIS AND	DIDECTO	VEIC: INT. 40	
TITLE	D	DELETE	1.1 T	ITI E		Po	ESIderal		Change	Addition	
NAME	BOHNENBERGER, RICHARD		1.2 N			1 ~	(2)	L	спануе	☐ Vagarion	
STREET ADDRESS	234 - 85TH STREET				DDDCcc						
CITY-ST-ZIP	HOLMES BEACH FL 34217				DORESS						
TITLE	D	DELETE	211	ITY-ST	- ZIP	-4.01.04	gure + Vice preside	<del></del>	T Change	T taken	
NAME	MALONEY, DON		22 N			יואני	year factor graying	. [	Change	☐ Addition	
STREET ADDRESS	615 FOXWORTH LANE				DDRESS						
CITY-ST-ZIP	HOLMES BEACH FL 34217										
TITLE	D	DELETE	2 4 L	TITE	-ZIP	£40.	rethry	<del></del> ,	Change	- Addison	
NAME	HOWARD, DAWN	L. Decert	3.2 N			2664	7	i	Change	Addition	
STREET ADDRESS	109 - 75TH STRET				DDRESS						
CITY-ST-ZIP	HOLMES BEACH FL 34217		3								
TITLE		DELETE	4.1 TI	TIF	- ZIP			r	Change	Addition	
NAME			4.2 N					L	change	Addition	
STREET ADDRESS					DDRESS						
CITY-ST-ZIP				INCE I A							
TITLE		DELETE	5111		ZIF			r	Change	☐ Addition	
NAME		_	52 N	-				L	-1 Cridings	LI MOUNTON	
STREET ADDRESS					DDRESS						
CITY-ST-ZIP				174-ST							
TITLE	114	DELETE	61 Ti		ZII.			r	Change	☐ Addition	
NAME		<b>_</b>	6 2 N/						change	☐ vooitinii	
STREET ADDRESS					DDAESS						
CITY-ST-ZIP				TY-ST-							
	certify that the information supplied w	ith this filing is voluntarily furr	nished and	does	not quali	ify for t	ne exemption stated in Section 119.0	7(3)(k). Flo	ida Statut	es I further	

1. Too Refery certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 enipowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 1

CHARD DOLNENBERGER
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFF

Restrand Bohner

125/98 (941)718 0355 Destribe Prove #