


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 08:00 AM
Secretary of State


DOCUMENT # N95000004330

1. Entity Name
FLORIDA ASSOCIATION OF ENVIRONMENTAL SOIL SCIENTISTS, INC.



Principal Place of Business PO BOX 357025 GAINESVILLE, FL 32635	Mailing Address PO BOX 357025 GAINESVILLE, FL 32635
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2866885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HURT, WADE
 8416 S.W. 1ST AVENUE
 GAINESVILLE, FL 32607**

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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: WADE HURT Wade Hurt 4 JAN 2008
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, 2008**

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	PD COOPER, J.R. 1270 SEDGEFIELD RD TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUEHL, RONALD J 12517 NW 116TH PLACE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STM HURT, WADE 8416 S.W. 1ST AVENUE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/08/08-80037-011 61.25

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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: Wade Hurt WADE HURT 4 JAN 2008 352-392-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #