

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004956

FILED
Apr 16, 2007
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PROFESSIONAL GEOLOGISTS, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 323194629

New Mailing Address:

FEI Number: 59-3348496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARTHUR, JONATHAN D
Address: 903 WEST TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: WOOD, WALTER
Address: 599 HEATHER BRITE CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: HURST, MARC V
Address: 121 MARKET STREET
City-St-Zip: DAVENPORT, FL 33837

Title: VD () Delete
Name: DRAKE, CHARLES W
Address: 201 E PINE STREET, SUITE 1000
City-St-Zip: ORLANDO, FL 32801 27

Title: SD () Delete
Name: DALE, MERVIN W
Address: 8640 PHILIPS HIGHWAY, SUITE 16
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN ARTHUR

P

04/16/2007

Electronic Signature of Signing Officer or Director

Date