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Jun 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005681 (9)
1. Corporation Name

FLORIDA COMMUNITY COLLEGE CONSORTIUM FOR POLLUTI
ON PREVENTION EDUCATION INC.



Principal Place of Business Mailing Address
1470 TREELAND BLVD 1470 TREELAND BLVD
PALM BAY FL 32909 PALM BAY FL 32909-2211

3. Date Incorporated or Qualified 11/05/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country
24 29

4. FEI Number ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELMSTETTER, MICHAEL
1470 TREELAND BLVD
PALM BAY FL 32909

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Michael Helmsletter* 11/7/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME HELTSLEY, WARREN 1.2 NAME
STREET ADDRESS 7007 LELY CULTURAL PKWY 1.3 STREET ADDRESS
CITY-ST-ZIP NAPLES FL 33962 1.4 CITY-ST-ZIP
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME GAGER, LYNN 2.2 NAME
STREET ADDRESS 5230 W. HIGHWAY 98 2.3 STREET ADDRESS
CITY-ST-ZIP PANAMA CITY FL 32401 2.4 CITY-ST-ZIP
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME KAJSTURA, ALEX 3.2 NAME
STREET ADDRESS 4200 CONGRESS AVE 3.3 STREET ADDRESS
CITY-ST-ZIP LAKE WORTH FL 33481 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME HELMSTETTER, MICHAEL 4.2 NAME
STREET ADDRESS 1470 TREELAND BLVD 4.3 STREET ADDRESS
CITY-ST-ZIP PALM BAY FL 32909 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME GEORGE, DONNA 5.2 NAME
STREET ADDRESS 5840 26TH STREET WEST 5.3 STREET ADDRESS
CITY-ST-ZIP BRADENTON FL 34207 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered 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 *Michael Helmsletter*

CR2E037 (9/96)