

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005681 (9)

1. Corporation Name

FLORIDA COMMUNITY COLLEGE CONSORTIUM FOR POLLUTION PREVENTION EDUCATION INC.



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

3. Date Incorporated or Qualified	11/05/1996
4. FEI Number 59-3511381	Applied For
APPLIED FOR	Not Applicable

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

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
HELMSTETTER, MICHAEL 1470 TREELAND BLVD PALM BAY FL 32909

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HELTSLY, WARREN
STREET ADDRESS	7007 LELY CULTURAL PKWY
CITY-ST-ZIP	NAPLES FL 33962
TITLE	VD <input type="checkbox"/> DELETE
NAME	GAGER, LYNN
STREET ADDRESS	5230 W. HIGHWAY 98
CITY-ST-ZIP	PANAMA CITY FL 32401
TITLE	VD <input type="checkbox"/> DELETE
NAME	KAJSTURA, ALEX
STREET ADDRESS	4200 CONGRESS AVE
CITY-ST-ZIP	LAKE WORTH FL 33461
TITLE	TD <input type="checkbox"/> DELETE
NAME	HELMSTETTER, MICHAEL
STREET ADDRESS	1470 TREELAND BLVD
CITY-ST-ZIP	PALM BAY FL 32909
TITLE	SD <input type="checkbox"/> DELETE
NAME	GEORGE, DONNA
STREET ADDRESS	5840 28TH STREET WEST
CITY-ST-ZIP	BRADENTON FL 34207
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Helmstetter, Michael
1.3 STREET ADDRESS	1470 Treeland Blvd., S.E.
1.4 CITY-ST-ZIP	Palm Bay FL 32909
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Campbell, Janeth
3.3 STREET ADDRESS	444 Appleyard Drive
3.4 CITY-ST-ZIP	Tallahassee FL 32304
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Heltsley, Warren
4.3 STREET ADDRESS	7007 Lely Cultural Parkway
4.4 CITY-ST-ZIP	Naples FL 34113
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Webb, Fred
5.3 STREET ADDRESS	1206 N Park Road
5.4 CITY-ST-ZIP	Plant City FL 33566
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 F. Helmstetter, President (407) 632-1111x22056

CR2E037 (10/97)