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FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006279 (1)**

1. Corporation Name

**PALM BEACH COUNTY ENVIRONMENTAL EDUCATION NETWORK  
K, INC.**

Principal Place of Business

Mailing Address

**14152 LEEWARD WAY  
PALM BEACH GARDENS FL 33410**

**14152 LEEWARD WAY  
PALM BEACH GARDENS FL 33410-1126**



3. Date Incorporated or Qualified  
**12/04/1996**

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 Country

28 Zip Country

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25

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4. FEI Number

**65-0712420**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
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

**OSTRANDER, JAMES H  
14152 LEEWARD WAY  
PALM BEACH GARDENS FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NEILL, DIANE D</b>
STREET ADDRESS	<b>18282 OAK LEAF DR</b>
CITY-ST-ZIP	<b>JUPITER FL 33458</b>

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSTON, LYNDIA M</b>
STREET ADDRESS	<b>838 BLUEBERRY DR</b>
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>OSTRANDER, JAMES H</b>
STREET ADDRESS	<b>14152 LEEWARD WAY</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33411</b>

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TISCHLER, BONNIE F</b>
STREET ADDRESS	<b>92 MAPLECREST CIR</b>
CITY-ST-ZIP	<b>JUPITER FL 33458</b>

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director, President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Neill, Diane D.</b>
1.3 STREET ADDRESS	<b>same/</b>
1.4 CITY-ST-ZIP	<b>same</b>

2.1 TITLE	<b>Director, Member at Large</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Lynda M. Johnston</b>
2.3 STREET ADDRESS	<b>same/same</b>
2.4 CITY-ST-ZIP	

3.1 TITLE	<b>Director, Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>James H. Ostrander</b>
3.3 STREET ADDRESS	<b>same/same</b>
3.4 CITY-ST-ZIP	

4.1 TITLE	<b>Director, Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Tischler, Bonnie F.</b>
4.3 STREET ADDRESS	<b>same/same</b>
4.4 CITY-ST-ZIP	

5.1 TITLE	<b>Director, Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Schenk, Susan D.</b>
5.3 STREET ADDRESS	<b>111 Santa Cruz Ave.</b>
5.4 CITY-ST-ZIP	<b>Royal Palm Beach, FL 33411</b>

6.1 TITLE	<b>Director, Member at Large</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Linsin, Sasha</b>
6.3 STREET ADDRESS	<b>910 9th Court</b>
6.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>

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.

CR2E037 (9/96)