

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90035 027 ****61.25

DOCUMENT # N97000004964

1. Entity Name

"FRIENDS OF THE ACADEMY OF ENVIRONMENTAL
SCIENCE AND TECHNOLOGY, INC.



Principal Place of Business

1601 BELVEDERE RD., SUITE 211 SOUTH
W. PALM BEACH FL 33406

Mailing Address

1601 BELVEDERE RD., SUITE 211 SOUTH
W. PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

P.O. Box 21686



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W. PALM BEACH, FL

4. FEI Number

65-0675469

Applied For

Not Applicable

Zip

Country

Zip

33416

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALEFATTO, ALFRED J ESQ.
777 S. FLAGLER DR., SUITE 310E
W. PALM BEACH FL 33401

Name

LEAH G SCHAD

Street Address (P.O. Box Number is Not Acceptable)

3634 No FLAGLER Dr

City

W. PALM BEACH

FL

Zip Code

33407

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

Leah G. Schad

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

(NOTE: Registered Agent signature required when reinstating)

3-20-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GLEASON, PATRICK J	
STREET ADDRESS	1601 BELVEDERE RD., SUITE 211 SOUTH	
CITY-ST-ZIP	W. PALM BEACH FL 33406	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MALEFATTO, ALFRED J	
STREET ADDRESS	777 S FLAGLER DR STE 300E	
CITY-ST-ZIP	W. PALM BEACH FL 33401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHAD, LEAH G	
STREET ADDRESS	3634 NORTH FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENYON, SCOTT	
STREET ADDRESS	1501 BELVEDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBENSTEIN, LENORE	
STREET ADDRESS	3581 SOUTH OCEAN BLVD., APT 3-E	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TODD, KEN S JR	
STREET ADDRESS	668 CASHIERS RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 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:

Leah G. Schad LEAH G. SCHAD, TREASURER

3/20/05 5261-848-998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #