

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004964

FILED
Mar 01, 2008
Secretary of State

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

Current Principal Place of Business:

3634 N. FLAGLER DR.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

1601 BELVEDERE ROAD
SUITE 211 SOUTH
WEST PALM BEACH, FL 33406

Current Mailing Address:

PO BOX 21686
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 65-0675469 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHAD, LEAH G
3634 NO FLAGLER DR
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

GLEASON, PATRICK J
1131 NORTH PALMWAY
LAKE WORTH, FL 33460 US

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: PATRICK J. GLEASON

03/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VANARMAN, PEGGY DR
Address: 4077 LUZON AVE
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD () Delete
Name: MALEFATTO, ALFRED J
Address: 777 S FLAGLER DR STE 300E
City-St-Zip: W. PALM BEACH, FL 33401

Title: TD () Delete
Name: SCHAD, LEAH G
Address: 3634 NORTH FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: BENYON, SCOTT
Address: 1501 BELVEDERE ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: RUBENSTEIN, LENORE
Address: 3581 SOUTH OCEAN BLVD., APT 3-E
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: TODD, KEN S JR
Address: 668 CASHIERS RD
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: GLEASON, PATRICK J
Address: 1131 NORTH PALMWAY
City-St-Zip: LAKE WORTH, FL 33460

Title: () Change () Addition
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 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: PATRICK J. GLEASON

TD

03/01/2008

Electronic Signature of Signing Officer or Director

Date