

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004964

FILED  
Mar 21, 2009  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

## 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 (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

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: GLEASON, PATRICK J  
Address: 1131 NORTH PALMWAY  
City-St-Zip: LAKE WORTH, FL 33460

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: PD (X) Change ( ) Addition  
Name: MALEFATTO, ALFRED J  
Address: 777 SOUTH FLAGLER DRIVE SUITE 300 EAST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD (X) Change ( ) Addition  
Name: GINNY, POWELL  
Address: 2300 NORTH JOG ROAD - 4TH FLOOR  
City-St-Zip: W. PALM BEACH, FL 33411

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

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

03/21/2009

Electronic Signature of Signing Officer or Director

Date