

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005219

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** CENTER FOR ENVIRONMENTAL COMPLIANCE, INC.

**Current Principal Place of Business:**

7750 S.E. DOUBLE TREE DRIVE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

7750 S.E. DOUBLE TREE DRIVE  
HOBE SOUND, FL 33455

**New Mailing Address:**

**FEI Number:** 65-0785091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITESCARVER, JOHN P SR.  
7750 S.E. DOUBLE TREE DRIVE  
HOBE SOUND, FL 33455 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: MR. ( ) Delete  
Name: WHITESCARVER, JOHN P SR.  
Address: 7750 S.E. DOUBLE TREE DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: MRS. ( ) Delete  
Name: WHITESCARVER, ELIZABETH J  
Address: 7750 S.E. DOUBLE TREE DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: MR. ( ) Delete  
Name: WHITESCARVER, DAVID  
Address: 13803 BOTTOM ROAD  
City-St-Zip: HYDES, MD 21082

Title: MR. ( ) Delete  
Name: WHITESCARVER, JOHN P JR.  
Address: 3687 ATLANTIC BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOHN P WHITESCARVER, JR.

PRES

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date