

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000005698**

1. Entity Name  
**SUSTAINABLE ENVIRONMENT FOUNDATION, INC.**



Principal Place of Business  
**2200 SUE AVE  
ORLANDO, FL 32803 US**

Mailing Address  
**C/O GARY ZELLER  
P.O. BOX Z  
DOWNSVILLE, NY 13755**



07052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ZELLER, GARY  
2200 SUE AVE  
ORLANDO, FL 32803**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JOHANNES, KENLON 45542 130TH AVE LEIGH, NE 686435022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST JOHANNES, JENNIFER 45542 130TH AVE LEIGH, NE 686435022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV TEALL, RUSSELL 111 SAGUARO LANE MARATHON KEY, FL 33050
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TEALL, CHRISTY 111 SAGUARO LANE MARATHON KEY, FL 33050
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZELLER, GARY 2200 SUE AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000371510  
07/08/05-80004-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

7-5-05 607-363-1192