

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90006 034 \*\*\*\*70.00

**DOCUMENT # N98000001077**

1. Entity Name  
**THE ARTHUR R. MARSHALL, JR. FOUNDATION AND  
FLORIDA ENVIRONMENTAL INSTITUTE, INC.**



Principal Place of Business  
**TRUMP PLAZA OFFICE CTR  
525 S FLAGLER DR, SUITE 456  
WEST PALM BEACH, FL 33401**

Mailing Address  
**TRUMP PLAZA OFFICE CTR  
525 S FLAGLER DR, SUITE 456  
WEST PALM BEACH, FL 33401**

**50058367**



2. Principal Place of Business  
**2806 So. Dixie Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**2806 So. Dixie Hwy**  
Suite, Apt. #, etc.

07012005 Chg-NP CR2E037 (10/03)

City & State  
**West Palm Beach, FL**  
Zip  
**33405**

City & State  
**West Palm Beach, FL**  
Zip  
**33405**

4. FEI Number  
**65-0819331**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEYSER & WOODWARD, P.A.  
501 ATLANTIC AVE.  
INTERLACHEN, FL 32148**

7. Name and Address of New Registered Agent

Name  
**John Arthur Marshall**  
Street Address (P.O. Box Number is Not Acceptable)  
**2806 So. Dixie Hwy.**  
City  
**West Palm Beach** FL Zip Code  
**33405**

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

**J. A. Marshall**  
Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-19-05**

**Filing Fee is \$61.25  
Due by September 7, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MARSHALL, JOHN A  
525 S. FLAGLER DR #10C  
W. PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILSON, SUSAN V  
5981 S. 81ST STREET  
MIAMI, FL 33143** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KEYSER, TIMOTHY  
P.O. BOX 92  
INTERLACHEN, FL 32148** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MARSHALL, NANCY E  
525 S FLAGLER DR #106  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DOF  
GEORGE, JOSETTE  
47 WINDBROOKE CIRCLE  
GAITHERSBURG, MD 20879** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC2  
VOLARD, ELIZABETH *Rosa Scavo*  
294 CORDOVA  
WEST PALM BEACH, FL 33401** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Rosa Scavo  
7581 SW 159 Place  
Miami, FL 33469** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

**John A. Marshall**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/19/05**  
Date

**561-805-8733**  
Daytime Phone #