

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 27, 2007 08:00 AM
Secretary of State**

DOCUMENT # N98000001077

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



Principal Place of Business
**2806 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33405**

Mailing Address
**2806 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33405**



07052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0819331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, JOHN ARTHUR
2806 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33405**

**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 of _____ 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 14, 2007**

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	PD MARSHALL, JOHN A 525 S. FLAGLER DR #10C W. PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARSHAL, NANCY E 525 S FLAGLER DR #106 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LLAGUNO, ROSA 7581 SW 159 PLACE MIAMI, FL 33469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/27/07-80005-002 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jettie Kayn Executive Director* **7/23/07 561-805-8733**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #