2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 03, 2005 08:00 AM Secretary of State DOCUMENT # N98000004454 1. Entity Name REID B. HUGHES FOUNDATION FOR ENVIRONMENTAL LEADERSHIP & ADVOCACY, INC. Principal Place of Business Mailing Address P.O. BOX 590 140 S. BEACH STREET DAYTONA BEACH FL 32115 SUITE 205 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FE! Number City & State City & State Applied For 31-1611085 Not Applicabl Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVE DAYTONA BEACH FL 32114 City Žip Code 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 a SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FÉE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. A.i.iii. ☐ Delete HILLE Change TITLE 000000249864 HUGHES, REID B SR NAME NAM 03/03/05-80026-003 61.25 140 S. BEACH ST. SUITE 205 STREET ADDRESS STREET ADORESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CHY-S1-ZIP Aikiiii ☐ Change ☐ Delete TITLE TITLE VENCILL, MARY E NAME NAME 140 S. BEACH ST., SUITE 205 STREFT ADDRESS STREET ADORESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-7IP Addition TITE F ☐ Delete THE Change BIDGOOD, LEE JR NAMI NAME 310 QUAY ASSISI STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 32169 CITY-ST-ZIP CITY - ST - 7IP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Δ.::3:.. ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP 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 changed, or on an attachment with an address, with all other like empowered.

Date