2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007498

FILED Apr 23, 2009 Secretary of State

Entity Name: ECOSYSTEM RESTORATION SUPPORT ORGANIZATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
411 EAST GOVERNMENT STREET PENSACOLA, FL 32502					
Current Mailing Address:			New Maili	New Mailing Address:	
411 EAST GOVERNMENT STREET PENSACOLA, FL 32502					
FEI Number:	59-3613351	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
KIRSCHENFELD, TAYLOR 411 EAST GOVERNMENT STREET PENSACOLA, FL 32502 US					
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KIRSCHENFELD	ERNMENT STREET	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	DT () BUTTS, VICTOR 1823 N 9TH AVE PENSACOLA, F	<u> </u>	Title: Name: Address: City-St-Zip:	DT (X) Change () Addition BUTTS, VICTORIA 1201 N 9TH AVE PENSACOLA, FL 32501	
Title: Name: Address: City-St-Zip:	DV () KIRSCHENFELI 13 SEASHORE GULF BREEZE,	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FINKEL, ROBIN 19 PALAO RD PENSACOLA, F	Delete	Title: Name: Address: City-St-Zip:	D (X) Change () Addition VARAZO, SAVA 1190 W. LEONARD ST. PENSACOLA, FL 32501	
Title: Name: Address: City-St-Zip:	D (X) LORES, EMILE 3530 WIMBLED PENSACOLA, F	ON DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) DIMITROFF, SA 9120 AIRWAY E PENSACOLA, F	PR .	Title: Name: Address: City-St-Zip:	() Change () Addition	
I hereby ce Florida Sta	rtify that the infi tutes. I further	ormation supplied with this filing certify that the information indica	does not qualify fo ated on this report o	r the exemption stated in Chapter 119, or supplemental report is true and accurate and that	

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAYLOR KIRSCHENFELD

PRES

04/23/2009

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