FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33290** **(8)**

1. Corporation Name
ENVIRONMENTAL FEDERATION OF AMERICA, INCORPORATED

Principal Place of Business	Mailing Address
3400 INTERNATIONAL DRIVE N.W. SUITE 2K WASHINGTON DC 20008	3400 INTERNATIONAL DRIVE N.W. SUITE 2K WASHINGTON DC 20008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/22/1991**
3a. Date of Last Report: **05/19/1994**
4. FEI Number: **52-1601960** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WEISS, TOM
1101 24TH ST. OCEAN
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TED	1.1 TITLE	T/D	☒ Change ☐ Addition
NAME	FELDMAN, JAY	1.2 NAME		
STREET ADDRESS	701 E. ST. SE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MUNOZ, PAT	2.2 NAME	Brodie, Michael	
STREET ADDRESS	801 PENNSYLVANIA AVE. SE, SUITE 400	2.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHECTER, BARBARA W.	3.2 NAME	Wilson, Cynthia	
STREET ADDRESS	132018TH ST. NW	3.3 STREET ADDRESS	1920 N St NW Ste 400	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	Washington DC 20036	
TITLE	D	4.1 TITLE	C/D	☒ Change ☐ Addition
NAME	ATKINS, THOMAS	4.2 NAME	McCorkle, Elizabeth	
STREET ADDRESS	6930 CARROLL AVE., SUITE 600	4.3 STREET ADDRESS	1717 Massachusetts Ave NW	
CITY-ST-ZIP	TAKOMA PARK MD	4.4 CITY-ST-ZIP	Washington DC 20036	
TITLE	D	5.1 TITLE	VC/D	☒ Change ☐ Addition
NAME	BEANE, MARJORIE	5.2 NAME	Scott, Jim	
STREET ADDRESS	1709 NEW YORK AVE NW	5.3 STREET ADDRESS	1516 P St NW	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	Washington DC 20005	
TITLE	VP	6.1 TITLE	S/D	☒ Change ☐ Addition
NAME	OKEEFE, JIM	6.2 NAME	Coda, Michael	
STREET ADDRESS	3400 INTERNATIONAL DR.	6.3 STREET ADDRESS	1815 N Lynn St	
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	Arlington VA 22209	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Elizabeth McCorkle 13 Apr 95 202-265-8393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Elizabeth McCorkle, Chairperson

007A06