

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011729

Entity Name: THE PUBLIC TRUST ENVIRONMENTAL LEGAL INSTITUTE OF FLORIDA, INC.**FILED**
Jan 22, 2018
Secretary of State
CC9133870062**Current Principal Place of Business:**2029 NORTH 3RD STREET
JACKSONVILLE, FL 32250**Current Mailing Address:**2029 NORTH 3RD STREET
JACKSONVILLE, FL 32250**FEI Number: 13-4300363****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ANDERSON, WARREN K JR.
2029 NORTH 3RD STREET
JACKSONVILLE, FL 32250 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**Officer/Director Detail :**

Title	PD
Name	ANDERSON, WARREN KJR
Address	2029 N 3RD ST
City-State-Zip:	JACKSONVILLE FL 32250

Title	TD
Name	WRIGHT, KEN
Address	1301 RIVERPLACE BLVD, STE 1818 RIVERPLACE
City-State-Zip:	JACKSONVILLE FL 32207

Title	BD
Name	MILLER, ANDREW D
Address	13253 KARLA COVE LANE
City-State-Zip:	JACKSONVILLE FL 32225

Title	BD
Name	TERRELL, JIM
Address	233 EAST BAY STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	ED
Name	NOVEMBER, JOHN
Address	2029 NORTH 3RD STREET
City-State-Zip:	JACKSONVILLE FL 32250

Title	SECRETARY
Name	ELLIS, JASON
Address	2029 NORTH 3RD STREET
City-State-Zip:	JACKSONVILLE FL 32250

Title	BOARD
Name	JEAN-BART, LESLIE
Address	2029 THIRD STREET NORTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	BOARD
Name	DODSON, PATRICIA
Address	2029 NORTH 3RD STREET
City-State-Zip:	JACKSONVILLE FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN NOVEMBER**ED****01/22/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date