

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P33290 (8)

1. Corporation Name
ENVIRONMENTAL FEDERATION OF AMERICA, INCORPORATE D

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

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

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

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
				FL

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 reappointing DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	YED FELDMAN, JAY	1.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 E. ST. SE	1.2 NAME	
STREET ADDRESS	WASHINGTON DC	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D MUNOZ, PAT	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 PENNSYLVANIA AVE. SE, SUITE 400	2.2 NAME	Brodie, Michael
STREET ADDRESS	WASHINGTON DC	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D SCHECTER, BARBARA W.	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	132018TH ST. NW	3.2 NAME	Wilson, Cynthia
STREET ADDRESS	WASHINGTON DC	3.3 STREET ADDRESS	1920 N St NW Ste 400
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Washington DC 20036
TITLE	D ATKINS, THOMAS	4.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6930 CARROLL AVE., SUITE 600	4.2 NAME	McCorkle, Elizabeth
STREET ADDRESS	TAKOMA PARK MD	4.3 STREET ADDRESS	1717 Massachusetts Ave NW
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Washington DC 20036
TITLE	D BEANE, MARJORIE	5.1 TITLE	VC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1709 NEW YORK AVE NW	5.2 NAME	Scott, Jim
STREET ADDRESS	WASHINGTON DC	5.3 STREET ADDRESS	1516 P St NW
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Washington DC 20005
TITLE	VP OKEEFE, JIM	6.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3400 INTERNATIONAL DR.	6.2 NAME	Coda, Michael
STREET ADDRESS	WASHINGTON DC	6.3 STREET ADDRESS	1815 N Lynn St
CITY - ST - ZIP		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 110.07(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: Elizabeth McCorkle **13 Apr 95 202-265-8393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type Name) (Type Phone #)
Elizabeth McCorkle, Chairperson