

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40918

FILED
Apr 26, 2012
Secretary of State

Entity Name: ALLEN BROUSSARD CONSERVANCY, INC.

Current Principal Place of Business:

502 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

502 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 65-0233682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAMES H FALLACE
C/O FALLACE & ASSOCIATES, P.A.
1900 S. HICKORY STREET, STE. A
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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:

Title: DP
Name: BROUSSARD, WILLIAM J
Address: 3660 N. RIVERSIDE DR.
City-St-Zip: INDIALANTIC, FL 32903

Title: DS
Name: BROUSSARD, MARGARET R
Address: 3660 N. RIVERSIDE DR.
City-St-Zip: INDIALANTIC, FL 32903

Title: DT
Name: MODRAK, M. DENNIS
Address: 2043 GLOBAL CT.
City-St-Zip: SARASOTA, FL 34240

Title: DC
Name: HUFFMAN, DANE P
Address: 59 CRAYCROFT AVENUE
City-St-Zip: DEBARY, FL 32713

Title: DVP
Name: WILSHIRE, EDWARD K JR
Address: 4515 N. KENANSVILLE ROAD
City-St-Zip: ST. CLOUD, FL 34773

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: WILLIAM J. BROUSSARD

DP

04/26/2012

Electronic Signature of Signing Officer or Director

_____ Date