2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004685

FILED Jan 05, 2011 Secretary of State

Entity Name: CONSERVATION CENTER FOR LAKE OKEECHOBEE, KISSIMMEE RIVER, INDIAN RIVER LAGOON

AND EVERGLADES EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business:

20 W HARBOR ISLAND BOULEVARD 1 AVENUE A

UNIT #104 UNIT 6

FORT PIERCE, FL 34949 FORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

20 W HARBOR ISLAND BOULEVARD **UNIT #104**

FORT PIERCE, FL 34949

FEI Number: 65-0779384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONELY, TOM W III 401 NW 6TH STREET

OKEECHOBEE, FL 34972 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:

LEGE', JOHN B Name: Address: 1010 SW 7TH AVENUE City-St-Zip: OKEECHOBEE, FL 34974

Title: DST

Name: CABLE, MARGARET Address: 1852 S.W. 37TH AVE. City-St-Zip: OKEECHOBEE, FL 34974

Title:

SMITH, KEN Name: Address: 1 AVENUE A, UNIT 1 City-St-Zip: FORT PIERCE, FL 34950

Title: V/D

Name: HELTON, DONNA 195 SW 28TH STREET Address: City-St-Zip: OKEECHOBEE, FL 34974

Title: EXD

CABLE, MARGARET Name: 1852 SW 37TH AVENUE Address: City-St-Zip: OKEECHOBEE, FL 34974

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: MAGI CABLE **EXD** 01/05/2011