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May 24, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001486

1. Corporation Name
CONSERVATION ALLIANCE OF PALM BEACH COUNTY, INC.

Principal Place of Business
505 SOUTH FLAGLER DRIVE #1100
WEST PALM BEACH FL 33401-3475

Mailing Address
505 SOUTH FLAGLER DRIVE #1100
WEST PALM BEACH FL 33401-3475



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0826570	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCRACKEN, JOHN B 505 SOUTH FLAGLER DRIVE #1100 WEST PALM BEACH FL 33401-3475				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGH, PATRICIA M	1.2 NAME	STORY, HOWARD C JR.
STREET ADDRESS	241 WALTON BOULEVARD	1.3 STREET ADDRESS	620 NORTH LAKE WAY
CITY-ST-ZIP	WEST PALM BEACH FL 33405	1.4 CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELS-GULDEN, DOROTHY	2.2 NAME	ENGELS-GULDEN, DOROTHY
STREET ADDRESS	220 SUNRISE AVENUE	2.3 STREET ADDRESS	222 SUNRISE AVE
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEEBER, BARRY	3.2 NAME	MCCRACKEN, JOHN B
STREET ADDRESS	2576 IRMA LAKE DRIVE	3.3 STREET ADDRESS	505 SOUTH FLAGLER DRIVE #1100
CITY-ST-ZIP	WEST PALM BEACH FL 33411	3.4 CITY-ST-ZIP	WEST PALM BEACH FL 33401-3475
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, CAROL A	4.2 NAME	ROBERTSON, JR. HARRISON M.
STREET ADDRESS	145 SANTA LUCIA DRIVE	4.3 STREET ADDRESS	134 Seagate Road
CITY-ST-ZIP	WEST PALM BEACH FL 33405	4.4 CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, VIVIAN	5.2 NAME	
STREET ADDRESS	1002 PASEO MORELLA	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, HOWARD C JR.	6.2 NAME	
STREET ADDRESS	620 NORTH LAKE WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: (SIGNATURE REQUIRED) 5/21/99 (561)659-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)