

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40918

**Entity Name:** ALLEN BROUSSARD CONSERVANCY, INC.

**Current Principal Place of Business:**

502 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**Current Mailing Address:**

502 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**FEI Number:** 65-0233682

**Certificate of Status Desired:** Yes

**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

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

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

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

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

Title DVP  
Name WILSHIRE, EDWARD KJR  
Address 4515 N. KENANSVILLE ROAD  
City-State-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

04/16/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date