

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 3: 52

DOCUMENT # 710402 (9)

1. Corporation Name
THE CONSERVANCY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1450 HERRIHUE DRIVE NAPLES FL 33942-0498

3. Date Incorporated or Qualified 02/21/1966 3a. Date of Last Report 01/25/1994

4. FEI Number 59-1157084 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc.

23 City & State 24 City & State

25 Zip Country 26 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FITCH, JOHN H., PH. D.
645 PARKVIEW LANE
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	RATLIFF, EUGENE
STREET ADDRESS	777 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	GIFFORD, BEVERLY A
STREET ADDRESS	7923 GRAND BAY DR
CITY-ST-ZIP	NAPLES FL
TITLE	P
NAME	FITCH, JOHN H., PH. D.
STREET ADDRESS	645 PARKVIEW LANE
CITY-ST-ZIP	NAPLES FL
TITLE	DVC
NAME	SCHROEDER, PATRICIA H
STREET ADDRESS	4001 GORDON DR
CITY-ST-ZIP	NAPLES FL
TITLE	C
NAME	HIGHMARK, DAVID A
STREET ADDRESS	4001 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	YORK, DONALD J
STREET ADDRESS	154 AMBLEWOOD LANE
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John H. Fitch

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

1/13/95

Date

(813) 262-0304

Daytime Phone #