

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 722543 (6)**

1. Corporation Name  
**LEMON BAY CONSERVANCY, INC.**

Principal Place of Business Mailing Address

**P O BOX 508 ENGLEWOOD FL 34295** **P O BOX 508 ENGLEWOOD FL 34295**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/26/1972** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-6510980** Applied For Not Applicable

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

**CRAMPTON, SYDNEY  
7765 MANSOTA KEY RD  
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

81 Name **SALLY MILLIKEN**

82 Street Address (P.O. Box Number is Not Acceptable) **3 SEAWARD CIRCLE**

83

84 City **CAPE HAZE** FL 85 Zip Code **33946**

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 delegations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Sally Milliken* **SALLY MILLIKEN** DATE: **2/1/95**

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VP</b>	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYNES, DR. WALTER</b>	1.2 NAME	<b>SALLY MILLIKEN</b>
STREET ADDRESS	<b>7295 MANASOTA KEY RD</b>	1.3 STREET ADDRESS	<b>3 SEAWARD CIRCLE</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	1.4 CITY-ST-ZIP	<b>CAPE HAZE, FL 33946</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANLON, JACK</b>	2.2 NAME	<b>ROBERT LENNON</b>
STREET ADDRESS	<b>7520 EBRO RD.</b>	2.3 STREET ADDRESS	<b>122.5056 GASPARDRE.</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	2.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>
TITLE	<b>S</b>	3.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURDOCK, ANNE</b>	3.2 NAME	<b>ANN MERCER</b>
STREET ADDRESS	<b>7805 MANASOTA KEY RD</b>	3.3 STREET ADDRESS	<b>1990 ILLINOIS AVE</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	3.4 CITY-ST-ZIP	<b>GROVE CITY, FL 34224</b>
TITLE	<b>T</b>	4.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAUB, MONIKA</b>	4.2 NAME	<b>ALPHA WELTER</b>
STREET ADDRESS	<b>213 HIGH POINT DR</b>	4.3 STREET ADDRESS	<b>2434 PLACIDA RD, D 304</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	4.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL 34224</b>
TITLE	<b>D</b>	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, WILMA</b>	5.2 NAME	<b>DR. WALTER HAYNES</b>
STREET ADDRESS	<b>119 INDIANA AVE S</b>	5.3 STREET ADDRESS	<b>7295 MANASOTA KEY RD.</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	5.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>
TITLE	<b>D/A</b>	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2-21</b>	6.2 NAME	<b>PHYLISS SHARPE</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1498 KATHLEEN PLACE</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>

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: *Sally Milliken* DATE: **2/1/95** TELEPHONE: **813-475-9021**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SALLY MILLIKEN**