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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34295-0508

3. Date Incorporated or Qualified 01/26/1972 3a. Date of Last Report 01/29/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-6510980 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country 25 Country 29 Zip Country 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MILLIKEN, SALLY
3 SEAWARD CIRCLE
CAPE HAZE FL 33946

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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-----------------|-------------------------|---------------------|-------|-----------------------|----------------------------|---------------------|
| P | MILLIKEN, SALLY | 3 SEAWORLD CIRCLE | CAPE HAZE FL 33946 | P | BOSSMAN, BRENDA STARR | 2424 PLACIDA RD., D303 | ENGLEWOOD, FL 34224 |
| D | KATZ, WILMA | 119 S. INDIANA AVE. | ENGLEWOOD FL | D | HAWK, LINDA | 1671 NEW POINT COMFORT RD. | ENGLEWOOD, FL 34223 |
| S | MERCER, ANN | 1990 ILLINOIS AVE. | GROVE CITY FL 34224 | | | | |
| T | WELTER, ALPHA | 2424 PLACIDA RD., D-304 | ENGLEWOOD FL | | | ENGLEWOOD, FL 34224 | |
| D | HAYNES, WALTER | 7295 MANASOTA KEY RD. | ENGLEWOOD FL 34223 | D | CRAMPTON, SYDNEY | 7765 MANASOTA KEY RD. | ENGLEWOOD, FL 34223 |
| D | SHARPE, PHYLLIS | 1498 KATHLEEN PLACE | ENGLEWOOD FL | D | BASS, ZOE | 6365 MANASOTA KEY RD. | ENGLEWOOD, FL 34223 |

14. I do 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.

SIGNATURE: Alpha Welter ALPHAWELTER 1/24/97 941-475-4067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064823

CR2E037 (9/96)