

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 726762

1. Entity Name  
BUTLER CHAIN CONSERVATION ASSOCIATION, INC.



Principal Place of Business  
4226 DOWN EAST LN  
WINDEMERE, FL 34786

Mailing Address  
PO BOX 405  
WINDEMERE, FL 34786

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



07032008 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-7088397

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PAGE, FRANK L CPA  
6068 S APOKA VINELAND RD  
SUITE 5  
ORLANDO, FL 32819

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME COGSWELL, LUCY  
STREET ADDRESS 10553 DOWN LAKEVIEW CIR  
CITY - ST - ZIP WINDERMERE, FL 34786

TITLE VPD  
NAME KELLY, PATRICK  
STREET ADDRESS 11063 CLIPPER CT  
CITY - ST - ZIP WINDERMERE, FL 34786

TITLE TD  
NAME CONNOLLY, ANN  
STREET ADDRESS 4226 DOWN EAST LN  
CITY - ST - ZIP WINDERMERE, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000953925  
07/10/08-80003-013-70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Connolly TD , ANN CONNOLLY 7/3/2008 401-876-4123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #