

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005139

FILED
May 03, 2005
Secretary of State

Entity Name: FLORIDA CONSERVATION ALLIANCE INSTITUTE, INC.

Current Principal Place of Business:

12 WEST UNIVERSITY AVENUE
SUITE 203
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

12 WEST UNIVERSITY AVENUE
SUITE 203
GAINESVILLE, FL 32801

New Mailing Address:

FEI Number: 33-1024026 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VERA, JORGE A
12 WEST UNIVERSITY AVENUE
SUITE 203
GAINESVILLE, FL 32601 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDERSON, CLAY
Address: 1018 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: LINDBERG, SUSANNAH
Address: 1331 PALMETTO AVENUE SUITE 201
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: ALTMAN, THAD
Address: 2106 LIONEL DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: CD () Delete
Name: GLICKMAN, SUSAN
Address: PO BOX 310
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: SISSKIN, ENID
Address: PO BOX 732
City-St-Zip: GULF BREEZE, FL 32562

Title: D (X) Delete
Name: ESTENOZ, SHANNON
Address: 1909 HARRISON STREET SUITE 207
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: GLICKMAN, SUSAN
Address: PO BOX 310
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D (X) Change () Addition
Name: COLLINS, MARTHA
Address: 500 EAST KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: HENDERSON, CLAY
Address: 1018 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: O (X) Change () Addition
Name: KITCHENS, ELIZABETH
Address: 720 N. MAITLAND
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLAY HENDERSON

D

05/03/2005

Electronic Signature of Signing Officer or Director

Date