

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 24, 2005
Secretary of State

DOCUMENT# N02000005139

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 ()****Name and Address of Current Registered Agent:**VERA, JORGE A
12 WEST UNIVERSITY AVENUE
SUITE 203
GAINESVILLE, FL 32601 US**Name and Address of New Registered Agent:**HENDERSON, CLAY
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: CLAY HENDERSON

06/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

RA

06/24/2005

Electronic Signature of Signing Officer or Director

Date