2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005139

FILED Apr 29, 2009 Secretary of State

Entity Name: FLORIDA CONSERVATION ALLIANCE INSTITUTE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1215 SE 2ND STREET, REAR APT 1709 NE 60TH STREET FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33334 US **Current Mailing Address: New Mailing Address:** 1215 SE 2ND STREET, REAR APT 1709 NE 60TH STREET FT LAUDERDALE, FL 33301 US FT LAUDERDALE, FL 33334 US FEI Number: 33-1024026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENDERSON, CLAY HENDERSON, CLAY 200 SOUTH ORANGE AVE, STE 2600 200 SOUTH ORANGE AVE, STE 2600 ORLANDO, FL 21801 ORLANDO, FL 32801 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: 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GLICKMAN, SUSAN Name: Name: Address: PO BOX 310 Address: City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: SHATTUCK, ILYSIA Name: SHATTUCK, ILYSIA Address: 1215 SE 2ND STREET, REAR APT Address: 1709 NE 60TH STREET City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: FT LAUDERDALE, FL 33334 Title: () Delete Title: (X) Change () Addition HENDERSON, CLAY HENDERSON, CLAY Name: Name: 1215 SE 2ND STREET, REAR APT 200 SOUTH ORANGE AVE, STE 2600 Address: Address: City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ILYSIA SHATTUCK D 04/29/2009