

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005141

FILED
May 03, 2005
Secretary of State

Entity Name: FLORIDA CONSERVATION ALLIANCE, 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 32601

New Mailing Address:

FEI Number: 11-3646164 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:

HENDERSON, CLAY
200 SOUTH ORANGE AVE.
STE. 2600
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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: REED, NATHANIEL
Address: P.O. BOX 1213
City-St-Zip: HOBE SOUND, FL 33475

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

Title: D () Delete
Name: KISER, CURT
Address: 315 SOUTH CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete
Name: KITCHENS, LIZ
Address: 720 N MAITLAND AVE, SUITE 104
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Delete
Name: HUGHES, REID
Address: P.O. BOX 590
City-St-Zip: DAYTONA BEACH, FL 32115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: KITCHENS, ELIZABETH
Address: 720 N MAITLAND AVE, SUITE 104
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: KISER, CURT
Address: 315 SOUTH CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: LATVALA, JACK
Address: 8038 OLD CR 54
City-St-Zip: NEW PORT RICHEY, FL 34653

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

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05/03/2005

Electronic Signature of Signing Officer or Director

Date