

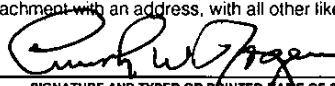


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90037 041 \*\*\*\*61.25

<b>DOCUMENT # N11283</b> 1. Entity Name <b>CONSERVATION ALLIANCE OF ST. LUCIE COUNTY, INC.</b>					
Principal Place of Business <b>P O BOX 12515 FORT PIERCE, FL 34979 US</b>				Mailing Address <b>P O BOX 12515 FORT PIERCE, FL 34979 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GRANDE, EMILY 9950 SOUTH OCEAN DRIVE APT. #705 JENSEN BEACH, FL 34957</b>				Name <b>Enoch W ROGERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5372 NW COMMODORE TERR</b> City <b>FORT ST LUCIE</b> FL Zip Code <b>34983</b>	
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  <b>TREASURER</b> <b>3-1-2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GRANDE, EMILY</b> <b>9950 SOUTH OCEAN DRIVE APT. #705</b> <b>JENSEN BEACH, FL 34957</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROGERS, Enoch</b> <b>5372 NW COMMODORE TERR</b> <b>FORT ST LUCIE, FL 34983</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BANGERT, ROBERT F</b> <b>5608 EAGLE DR</b> <b>FORT PIERCE, FL 34951</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BANGERT, FRANCES</b> <b>5608 EAGLE DR</b> <b>FORT PIERCE, FL 34951</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROGERS, Phyllis</b> <b>5372 NW COMMODORE TERR</b> <b>FORT ST LUCIE, FL 34983</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STINETTE, KENVIN</b> <b>10303 S. INDIAN RIVER DR.</b> <b>FORT PIERCE, FL 34982</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MITCHELL, JEFFERSON</b> <b>2318 TAMARIND DR</b> <b>FORT PIERCE, FL 34949</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Mitchell, Jefferson</b> <b>2318 TAMARIND DR</b> <b>FORT PIERCE, FL 34949</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLT, JOHN</b> <b>122 ORANGE AVE.</b> <b>FORT PIERCE, FL 34945</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Enoch W ROGERS</b> <b>TREASURER</b>			<b>3-1-2006 772-873-1569</b> <small>Date Daytime Phone #</small>		



02022006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2461819**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

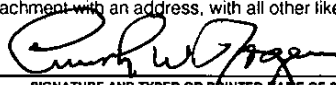
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE:  **Enoch W ROGERS**  
**TREASURER**

**3-1-2006 772-873-1569**  
Date Daytime Phone #