


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90162 045 ****61.25

DOCUMENT # N11283 1. Entity Name CONSERVATION ALLIANCE OF ST. LUCIE COUNTY, INC.					
Principal Place of Business P O BOX 12515 FORT PIERCE, FL 34979 US			Mailing Address P O BOX 12515 FORT PIERCE, FL 34979 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2461819	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROGERS, ENOCH W 5372 NW COMMODORE TERR PORT SAINT LUCIE, FL 34983				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE T NAME ROGERS, ENOCH STREET ADDRESS 5372 COMMODORE TERR CITY-ST-ZIP PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BANGERT, ROBERT F STREET ADDRESS 5608 EAGLE DR CITY-ST-ZIP FORT PIERCE, FL 34951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ROGERS, PHYLLIS STREET ADDRESS 5372 COMMODORE TERR CITY-ST-ZIP PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Delete		TITLE S NAME ELSA MILLARD STREET ADDRESS 4617 NW CONC CIR CITY-ST-ZIP PORT ST LUCIE FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME STINETTE, KENVIN STREET ADDRESS 10303 S. INDIAN RIVER DR. CITY-ST-ZIP FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MITCHELL, JERRERSON STREET ADDRESS 2318 TAMARIND DR CITY-ST-ZIP FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE VP NAME STREET ADDRESS 775 ALEXANDIA AVE SW CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOLT, JOHN STREET ADDRESS 122 ORANGE AVE. CITY-ST-ZIP FORT PIERCE, FL 34945	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-20-07 <small>Daytime Phone #</small>		