

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N40918** (7)

1. Corporation Name

**ALLEN BROUSSARD CONSERVANCY, INC.**



Principal Place of Business

Mailing Address

3660 N. RIVERSIDE DR.  
INDIALANTIC FL 32903

3660 N. RIVERSIDE DR.  
INDIALANTIC FL 32903

3. Date Incorporated or Qualified

11/19/1990

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0233682

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROUSSARD, WILLIAM J.  
502 E. NEW HAVEN AVE  
STE. 138  
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*William J. Broussard*

(NOTE: Registered Agent signature required when reinstating)

1-19-96

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
NAME BROUSSARD, WILLIAM J.  
STREET ADDRESS 3660 N. RIVERSIDE DR.  
CITY-ST-ZIP INDIALANTIC FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV  DELETE  
NAME BROUSSARD, MARGARET R.  
STREET ADDRESS 3660 N. RIVERSIDE DR.  
CITY-ST-ZIP INDIALANTIC FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DV  DELETE  
NAME BROUSSARD, BARBARA G.  
STREET ADDRESS 1314 ROSEWOOD DR.  
CITY-ST-ZIP CHAMPAIGN IL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DST  DELETE  
NAME MCGONAGILL, M. LYNN  
STREET ADDRESS 5642 CREEKWOOD DR.  
CITY-ST-ZIP CHAMPAIGN IL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BOYD, JOEL E.  
STREET ADDRESS 1800 W. HIBISCUS BLVD, #138  
CITY-ST-ZIP MELBOURNE FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME LEONARD, R. M.  
STREET ADDRESS 305 WILSON AVE.  
CITY-ST-ZIP SATELLITE BEACH FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*William J. Broussard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

Daytime Phone #

(407) 727-2020

CR2E037 (12/95)