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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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. 3660 N. RIVERSIDE DR.
INDIALANTIC FL 32903 INDIALANTIC FL 32903-4424

3. Date Incorporated or Qualified 11/19/1990
3a. Date of Last Report 01/29/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0233682	Not Applicable
22	22. City & State	27. City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28. Zip		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29. Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 *[Signature]* DATE *2-*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROUSSARD, WILLIAM J.	1.2 NAME	ZORBIS, ANDREW
STREET ADDRESS	3660 N. RIVERSIDE DR.	1.8 STREET ADDRESS	502 E New Haven Ave.
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROUSSARD, MARGARET R.	2.2 NAME	Walden, Christiann
STREET ADDRESS	3660 N. RIVERSIDE DR.	2.8 STREET ADDRESS	502 E. New Haven Ave
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROUSSARD, BARBARA G.	3.2 NAME	Allen, Ken
STREET ADDRESS	1844 ROSEWOOD DR.	3.8 STREET ADDRESS	101 Ocean Terrace Apt. 4
CITY-ST-ZIP	CHAMPAIGN IL	3.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGONAGILL, M. LYNN	4.2 NAME	
STREET ADDRESS	5642 CREEKWOOD DR.	4.8 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL	4.4 CITY-ST-ZIP	
TITLE	B <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, JOEL E.	5.2 NAME	
STREET ADDRESS	4900 W. HIBISCUS BLVD, #138	5.8 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, R. M.	6.2 NAME	
STREET ADDRESS	905 WILSON AVE.	6.8 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* DATE *4/1 - 6/1/97*

CR2E037 (9/96)