

APPROVED
AND
FILED

99 MAY 18 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M40918
 1. Corporation Name
 ALLEN BROUSSARD CONSERVANCY, INC.

Principal Place of Business Mailing Address
 3660 N. Riverside Drive 3660 N. Riverside Drive
 Indialantic, FL 32903 Indialantic, FL 32903

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 502 E. New Haven Avenue Suite, Apt. #, etc.	28 502 E. New Haven Avenue Suite, Apt. #, etc.	11/10/1990
22 City & State	27 City & State	4. FEI Number
23 Melbourne, Florida	28 Melbourne, Florida	05-02331082
24 Zip 32901 Country	29 Zip 32901 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <input type="checkbox"/>
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

Applied For Not Applicable
 \$8.75 Additional Fee Required
 \$5.00 May Be Added to Fees

FALLACE, JAMES H.
 FALLACE & ASSOCIATES, P.A.
 1900 S. Hickory Street, Suite A
 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 _____
 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/del
NAME	BROUSSARD, WILLIAM J.	1.2 NAME	400002892374-2
STREET ADDRESS	3660 N. Riverside Drive	1.3 STREET ADDRESS	-06/02/99--01045--004
CITY-ST-ZIP	Indialantic, FL 32903	1.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE DV	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/del
NAME	BROUSSARD, MARGARET R.	2.2 NAME	
STREET ADDRESS	3660 N. Riverside Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Indialantic, FL 32903	2.4 CITY-ST-ZIP	
TITLE D	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/del
NAME	ZORBIS, ANDREW	3.2 NAME	
STREET ADDRESS	502 E. New Haven Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32901	3.4 CITY-ST-ZIP	
TITLE DST	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/del
NAME	MCGONAGILL, M. LYNN	4.2 NAME	DST
STREET ADDRESS	5642 Creekwood Drive	4.3 STREET ADDRESS	MCGONAGILL, M. LYNN
CITY-ST-ZIP	Champaign, IL	4.4 CITY-ST-ZIP	5642 Creekwood Drive
TITLE D	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/del
NAME	ALLEN, KENNETH	5.2 NAME	D
STREET ADDRESS	101 Ocean Terrace, Apt. 4	5.3 STREET ADDRESS	ALLEN, KENNETH
CITY-ST-ZIP	Indialantic, FL 32903	5.4 CITY-ST-ZIP	145 Orlando Blvd.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Indialantic, FL 32903
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 5-17-99 (407) 121-2020 X 4000