

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40918

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** ALLEN BROUSSARD CONSERVANCY, INC.

**Current Principal Place of Business:**

502 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

502 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 65-0233682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JAMES H FALLACE  
C/O FALLACE & ASSOCIATES, P.A.  
1900 S. HICKORY STREET, STE. A  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BROUSSARD, WILLIAM J  
Address: 3660 N. RIVERSIDE DR.  
City-St-Zip: INDIALANTIC, FL 32903

Title: DS  
Name: BROUSSARD, MARGARET R  
Address: 3660 N. RIVERSIDE DR.  
City-St-Zip: INDIALANTIC, FL 32903

Title: DT  
Name: MODRAK, M. DENNIS  
Address: 2043 GLOBAL CT.  
City-St-Zip: SARASOTA, FL 34240

Title: DC  
Name: HUFFMAN, H. A  
Address: 1430 SHELLMOUND RD.  
City-St-Zip: ENTERPRISE, FL 32725

Title: D  
Name: PALERMO, JAMES V MD  
Address: 1555 N. COURTENAY PKWY. SUITE 33  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J. BROUSSARD

DP

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date