


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90662 048 \*\*\*\*61.25

<b>DOCUMENT # N45024</b>	
<b>1. Entity Name</b> IMPERIAL RIVER CONSERVANCY, INC.	

<b>Principal Place of Business</b> P.O. BOX 2931 BONITA SPRINGS FL 34133-2931 US	<b>Mailing Address</b> P.O. BOX 2931 BONITA SPRINGS FL 34133-2931 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 65-0287701	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  GORDEE, ROBERT S 27701 KINGS KEW COURT BONITA SPRINGS FL 34134	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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</b>	
<b>SIGNATURE</b> <i>Robert S. Gordee, President</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b> APRIL 10, 2004

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD <b>NAME</b> GORDEE, ROBERT S <b>STREET ADDRESS</b> 27701 KINGS KEW COURT <b>CITY-ST-ZIP</b> BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> VD <b>NAME</b> MOTE, RANDY <b>STREET ADDRESS</b> 27598 MARINA POINT DR <b>CITY-ST-ZIP</b> BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> STD <b>NAME</b> MCGRATH, KATHY <b>STREET ADDRESS</b> 5060 ESPLANADE ST. <b>CITY-ST-ZIP</b> BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> D <b>NAME</b> BRADDOCK, DENNIS <b>STREET ADDRESS</b> 4461 DEERWOOD <b>CITY-ST-ZIP</b> BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> FISCHL, ED <b>STREET ADDRESS</b> PO BOX 3343 N/A <b>CITY-ST-ZIP</b> BONITA SPRINGS FL 34133 <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> D <b>NAME</b> HEALY, MARGARET <b>STREET ADDRESS</b> 9761 BOB WHITE LANE <b>CITY-ST-ZIP</b> BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  <input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. 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 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.</b>	
<b>SIGNATURE:</b> <i>Kathy McGrath</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> 4/10/04 (339) 992-7076 Daytime Phone #

*attachment*

*#N45024*

IMPERIAL RIVER CONSERVANCY

*44027753*

P.O. Box 2931

Bonita Springs, FL 34133-2931

April, 2004

Additional Directors:

D

Holst, Richard

~~26435 Bay Road~~

Bonita Springs, FL 34134

D

Theorin, Carl

27231 Ridge Lake Ct.

Bonita Springs, FL 341324

D

Vance, Brad

26470 Bay Road

Bonita Springs, FL 34134

D

Sharp, Mike

~~27773 Forrester Drive~~

Bonita Springs, FL 34134

D

Thomson, Don

P.O. Box 459

Bonita Springs, FL 35133

D

Willoughby, Ryan

28107 Sunset Dr.

Bonita Springs, FL 34134