FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:30

DOCUMENT # **N48637** (5)

1. Corporation Name

FLORIDA CONSERVATION COUNCIL, INC.

Principal Place of Business	Mailing Address
% JAMES F. MILLER,LVD. 1400 CENTREPARK BLVD., SUITE 860 W. PALM BEACH FL	% JAMES F. MILLER,LVD. 1400 CENTREPARK BLVD., SUITE 860 W. PALM BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1992
3a. Date of Last Report: 06/14/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MILLER, JAMES F.
1400 CENTREPARK BLVD.
SUITE 860
W. PALM BEACH FL

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director	☐ Change ☑ Addition
NAME	STREET, JOHN	12 NAME	Curtis Geddard	
STREET ADDRESS	2700 6TH AVE S	13 STREET ADDRESS	719 Mercury St	
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	WPB FL 33406	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BRANDON, WALTER	22 NAME		
STREET ADDRESS	2321 FAIRWAY DRIVE	23 STREET ADDRESS		
CITY ST ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BRADER, JOSEPH	32 NAME		
STREET ADDRESS	11295 ERA LANE	33 STREET ADDRESS		
CITY ST ZIP	LAKE WORTH FL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	SNYDER, ROBERT	42 NAME		
STREET ADDRESS	2019 6TH AVENUE SOUTH	43 STREET ADDRESS		
CITY ST ZIP	LAKE WORTH FL 33461	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	MILLER, JAMES F	52 NAME		
STREET ADDRESS	1400 CENTERPARK BLVD, SUITE 860	53 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL 33401	54 CITY-ST-ZIP		
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	MINTON, RICK	62 NAME		
STREET ADDRESS	4161-B WOODS EDGE CIRCLE	63 STREET ADDRESS		
CITY ST ZIP	PALM BEACH GARDENS FL 33410	64 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)(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: James F. Miller 3-23-95 407-687-8100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010782