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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N48637

1. Corporation Name
FLORIDA CONSERVATION COUNCIL, INC.

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 2019 6TH AVE SO.
City & State
23 LAKE WORTH 33461
Zip 24 33461 Country 25 PalmBeach

2a. Mailing Address
26 2019 6TH AVE SO.
Suite, Apt. #, etc.
27
City & State
28 LAKE WORTH FL
Zip 29 33461 Country 30 Palm Beach

3. Date Incorporated or Qualified
04/27/1992

4. FEI Number
NOT APPLICABLE
☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 ROBERT C SNYDER
82 Street Address (P.O. Box Number is Not Acceptable) 2019 6TH AVE SOUTH
83
84 City LAKE WORTH FL. FL 85 Zip Code 33461

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 Robert C. SNYDER Robert Snyder 6-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LINLEY, GEORGE		1.2 NAME		
STREET ADDRESS	15140 71ST DRIVE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, BISHOP		2.2 NAME		
STREET ADDRESS	15100 84TH STREET NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRADER, JOSEPH		3.2 NAME		
STREET ADDRESS	11295 ERA LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SNYDER, ROBERT		4.2 NAME		
STREET ADDRESS	2019 6TH AVENUE SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JAMES F		5.2 NAME		
STREET ADDRESS	1400 CENTERPARK BLVD, SUITE 860		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, KEITH		6.2 NAME		
STREET ADDRESS	1900 HIGH RIDGE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33462		6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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: Robert C. Snyder SIGNATURE REQUIRED 6 30 99 5615829556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #