

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90026 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48637

1. Corporation Name

FLORIDA CONSERVATION COUNCIL, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		04/27/1992	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		NOT APPLICABLE	
24. Country		29. Country		5. Certificate of Status Desired	
25. State		30. State		☐ \$8.75 Additional Fee Required	
26. State		31. State		☐ \$5.00 May Be Added to Fees	
27. State		32. State		6. Election Campaign Financing	
28. State		33. State		☐ Trust Fund Contribution	
29. State		34. State		☐ Trust Fund Contribution	
30. State		35. State		☐ Trust Fund Contribution	
31. State		36. State		☐ Trust Fund Contribution	
32. State		37. State		☐ Trust Fund Contribution	
33. State		38. State		☐ Trust Fund Contribution	
34. State		39. State		☐ Trust Fund Contribution	
35. State		40. State		☐ Trust Fund Contribution	
36. State		41. State		☐ Trust Fund Contribution	
37. State		42. State		☐ Trust Fund Contribution	
38. State		43. State		☐ Trust Fund Contribution	
39. State		44. State		☐ Trust Fund Contribution	
40. State		45. State		☐ Trust Fund Contribution	
41. State		46. State		☐ Trust Fund Contribution	
42. State		47. State		☐ Trust Fund Contribution	
43. State		48. State		☐ Trust Fund Contribution	
44. State		49. State		☐ Trust Fund Contribution	
45. State		50. State		☐ Trust Fund Contribution	
46. State		51. State		☐ Trust Fund Contribution	
47. State		52. State		☐ Trust Fund Contribution	
48. State		53. State		☐ Trust Fund Contribution	
49. State		54. State		☐ Trust Fund Contribution	
50. State		55. State		☐ Trust Fund Contribution	
51. State		56. State		☐ Trust Fund Contribution	
52. State		57. State		☐ Trust Fund Contribution	
53. State		58. State		☐ Trust Fund Contribution	
54. State		59. State		☐ Trust Fund Contribution	
55. State		60. State		☐ Trust Fund Contribution	
56. State		61. State		☐ Trust Fund Contribution	
57. State		62. State		☐ Trust Fund Contribution	
58. State		63. State		☐ Trust Fund Contribution	
59. State		64. State		☐ Trust Fund Contribution	
60. State		65. State		☐ Trust Fund Contribution	
61. State		66. State		☐ Trust Fund Contribution	
62. State		67. State		☐ Trust Fund Contribution	
63. State		68. State		☐ Trust Fund Contribution	
64. State		69. State		☐ Trust Fund Contribution	
65. State		70. State		☐ Trust Fund Contribution	
66. State		71. State		☐ Trust Fund Contribution	
67. State		72. State		☐ Trust Fund Contribution	
68. State		73. State		☐ Trust Fund Contribution	
69. State		74. State		☐ Trust Fund Contribution	
70. State		75. State		☐ Trust Fund Contribution	
71. State		76. State		☐ Trust Fund Contribution	
72. State		77. State		☐ Trust Fund Contribution	
73. State		78. State		☐ Trust Fund Contribution	
74. State		79. State		☐ Trust Fund Contribution	
75. State		80. State		☐ Trust Fund Contribution	
76. State		81. State		☐ Trust Fund Contribution	
77. State		82. State		☐ Trust Fund Contribution	
78. State		83. State		☐ Trust Fund Contribution	
79. State		84. State		☐ Trust Fund Contribution	
80. State		85. State		☐ Trust Fund Contribution	
81. State		86. State		☐ Trust Fund Contribution	
82. State		87. State		☐ Trust Fund Contribution	
83. State		88. State		☐ Trust Fund Contribution	
84. State		89. State		☐ Trust Fund Contribution	
85. State		90. State		☐ Trust Fund Contribution	
86. State		91. State		☐ Trust Fund Contribution	
87. State		92. State		☐ Trust Fund Contribution	
88. State		93. State		☐ Trust Fund Contribution	
89. State		94. State		☐ Trust Fund Contribution	
90. State		95. State		☐ Trust Fund Contribution	
91. State		96. State		☐ Trust Fund Contribution	
92. State		97. State		☐ Trust Fund Contribution	
93. State		98. State		☐ Trust Fund Contribution	
94. State		99. State		☐ Trust Fund Contribution	
95. State		100. State		☐ Trust Fund Contribution	

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**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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:

ROBERT C. SNYDER**6-30-99****561-582-9556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)