2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N48637

1. Entity Name
FLORIDA CONSERVATION COUNCIL, INC.

Principal Place of Business	Mailing Address
2019 6TH AVE SO LAKE WORTH, FL 33461	2019 6TH AVE SO LAKE WORTH, FL 33461

07212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

SNYDER, ROBERT C
2019 6TH AVE SOUTH
LAKE WORTH, FL 33461

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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.

SIGNATURE: Robert Snyder 7-21-2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINLEY, GEORGE
STREET ADDRESS	15140 71ST DRIVE NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	D
NAME	WRIGHT, BISHOP
STREET ADDRESS	15439 94TH STREET NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	BRADER, JOSEPH
STREET ADDRESS	11295 ERA LANE
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	P
NAME	SNYDER, ROBERT
STREET ADDRESS	2019 6TH AVENUE SOUTH
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	VSD
NAME	MAHARRY, BYRON
STREET ADDRESS	329 EMERSON CIRCLE
CITY-ST-ZIP	OKEECHOBEE, FL 33461
TITLE	DT
NAME	JONES, KITH
STREET ADDRESS	1900 HIGH RIDGE ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33462

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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.

SIGNATURE: Robert Snyder ROBERT C. SNYDER 7-21-05 561 5829556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

E MAIL TO THEWOODSSNYDER AOL