


First New Corporation - did not receive first notice
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006226 (2) 1. Corporation Name FLORIDA CONSERVATION ASSOCIATION, INCORPORATED
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Principal Place of Business 1890 SEMORAN BLVD SUITE 355 WINTER PARK FL 32792	Mailing Address 1890 SEMORAN BLVD SUITE 355 WINTER PARK FL 32792
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2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 12/05/1996	3a. Date of Last Report First Report
4. FEI Number 74-1984482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COVERT, DAVID C 1890 SEMORAN BLVD SUITE 355 WINTER PARK FL 32792	
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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 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D EPPLEY, BILL
STREET ADDRESS	PO BOX 1478 N/A
CITY-ST-ZIP	BROOKSVILLE FL 34804
TITLE	<input type="checkbox"/> DELETE
NAME	D OGLESBY, BOB
STREET ADDRESS	250 AUSTRALIAN AVE S, SUITE 1400
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> DELETE
NAME	DVC FUESS, TOM
STREET ADDRESS	1530 HEITMAN ST
CITY-ST-ZIP	FT MYERS FL 33901
TITLE	<input type="checkbox"/> DELETE
NAME	VD JERREMS, SCOTT
STREET ADDRESS	2826 CARDINAL PLACE
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD MCCLAIN, JON
STREET ADDRESS	19606 RHEA SEE DR
CITY-ST-ZIP	LUTZ FL 33549
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD MCFADDEN, JEFF
STREET ADDRESS	489 NEWHOPE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PD Nettles, Tim
5.3 STREET ADDRESS	733 Sagana Way
5.4 CITY-ST-ZIP	North Palm Beach, FL 33408
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DT Cannon, Rick
6.3 STREET ADDRESS	6639 Crescent Lake Drive
6.4 CITY-ST-ZIP	Lakeland Florida 33813

14. I do 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.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)