


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006226 (2)**  
1. Corporation Name  
**FLORIDA CONSERVATION ASSOCIATION, INCORPORATED**



Principal Place of Business		Mailing Address	
<b>1890 SEMORAN BLVD SUITE 355 WINTER PARK FL 32792</b>		<b>1890 SEMORAN BLVD SUITE 355 WINTER PARK FL 32792</b>	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

3. Date Incorporated or Qualified <b>12/05/1996</b>	
4. FEI Number <b>74-1984482</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		10. Name and Address of New Registered Agent	
<b>COVERT, DAVID C 1890 SEMORAN BLVD SUITE 355 WINTER PARK FL 32792</b>		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <b>FL</b> B5 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EPPLEY, BILL</b>	1.2 NAME	<b>Brewer, Chester</b>
STREET ADDRESS	<b>PO BOX 1478 N/A</b>	1.3 STREET ADDRESS	<b>905 East Park Avenue</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34804</b>	1.4 CITY-ST-ZIP	<b>Tallahassee, Fla</b>
TITLE	<b>DDC</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OGLESBY, BOB</b>	2.2 NAME	<b>Smith, Stuart</b>
STREET ADDRESS	<b>280 AUSTRALIAN AVE S, SUITE 1400</b>	2.3 STREET ADDRESS	<b>905 East Park Avenue</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Tallahassee, Fla</b>
TITLE	<b>DVC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUESS, TOM</b>	3.2 NAME	
STREET ADDRESS	<b>1530 HEITMAN ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>JERREMS, SCOTT</b>	4.2 NAME	
STREET ADDRESS	<b>2826 CARDINAL PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DVC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NETTLES, TIM</b>	5.2 NAME	
STREET ADDRESS	<b>733 JACANA WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>CANNON, RICK</b>	6.2 NAME	
STREET ADDRESS	<b>6839 CRESCENT LAKE DRIV</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	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.

SIGNATURE: \_\_\_\_\_ 1-28-98 94-466-2536

CR2E037 (10/97)