

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 05, 2012
Secretary of State

Entity Name: CONSERVATION CENTER FOR LAKE OKEECHOBEE, KISSIMMEE RIVER, INDIAN RIVER LAGOON AND EVERGLADES EDUCATION, INC.

Current Principal Place of Business:

1 AVENUE A
UNIT 6
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

20 W HARBOR ISLAND BOULEVARD
UNIT #104
FORT PIERCE, FL 34949

New Mailing Address:

P.O. BOX 3098
OKEECHOBEE, FL 34973

FEI Number: 65-0779384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONELY, TOM W III
401 NW 6TH STREET
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: LEGGE, JOHN B
Address: 1010 SW 7TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: DST
Name: CABLE, MARGARET
Address: 1852 S.W. 37TH AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: D
Name: SMITH, KEN
Address: 1 AVENUE A, UNIT 1
City-St-Zip: FORT PIERCE, FL 34950

Title: V/D
Name: HELTON, DONNA
Address: 195 SW 28TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: EXD
Name: CABLE, MARGARET
Address: 1852 SW 37TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET CABLE

EXD

01/05/2012

Electronic Signature of Signing Officer or Director

Date