

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18247

FILED
Mar 21, 2005
Secretary of State

Entity Name: THE INSTITUTE FOR REGIONAL CONSERVATION, INC.

Current Principal Place of Business:

22601 SW 152 AVE
MIAMI, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

22601 SW 152 AVE
MIAMI, FL 33170 US

New Mailing Address:

FEI Number: 74-2336458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, SANDRA T
830 NORTH KROME AVE.
HOMESTEAD, FL 33030 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: VPD () Delete
Name: HEINZMAN, ROBERT
Address: P.O. BOX 2172 N/A
City-St-Zip: LENOX, MA

Title: PD () Delete
Name: GANN, GEORGE D
Address: 11325 SW 108 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: STD () Delete
Name: MATZEN, JENA L
Address: 2617 BUCKBOARD DRIVE
City-St-Zip: HILLSBOROUGH, NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE D. GANN

PD

03/21/2005

Electronic Signature of Signing Officer or Director

Date