

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18247

FILED  
Mar 26, 2009  
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: SHORE, DONNA  
Address: P.O. BOX 5522  
City-St-Zip: CARMEL, CA

**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 exemption stated in Chapter 119, 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

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date