

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40918

Entity Name: ALLEN BROUSSARD CONSERVANCY, INC.

Current Principal Place of Business:

4755 N. KENANSVILLE RD.
ST. CLOUD, FL 34773

Current Mailing Address:

4755 N. KENANSVILLE RD.
ST. CLOUD, FL 34773 US

FEI Number: 65-0233682

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BOYD, JOEL E ESQ
360 N. BABCOCK STREET
SUITE 104
MELBOURNE, FL 32935 US

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: JOEL E. BOYD, ESQ.

03/20/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name BROUSSARD, WILLIAM J
Address 756 ACACIA AVE.
City-State-Zip: MELBOURNE VILLAGE FL 32904

Title DS, VP
Name BROUSSARD, MARGARET R
Address 756 ACACIA AVENUE
City-State-Zip: MELBOURNE VILLAGE FL 32904

Title DT
Name MODRAK, M. DENNIS
Address 536 INTERSTATE COURT
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR
Name HUFFMAN, DANE P
Address 59 CRAYCROFT AVENUE
City-State-Zip: DEBARY FL 32713

Title DIRECTOR
Name BREININGER, DAVID R. PHD
Address 413 TORTOISE VIEW CIRCLE
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR
Name CATANESE, ANTHONY J. PHD
Address 4668 HWY. A1 A
City-State-Zip: MELBOURNE BEACH FL 32951

Title DC
Name HINKLE, C. ROSS PHD
Address 6475 WINDOVER WAY
City-State-Zip: TITUSVILLE FL 32780

Title DS
Name MARTHA , W. SINCLAIRE
Address 455 WEST ALMA DR.
City-State-Zip: MELBOURNE FL 32935

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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: WILLIAM J. BROUSSARD

PRESIDENT

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name MORRISON, STEVE
Address 4500 SULLIVAN RD.
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR
Name CARR, SUSAN PHD
Address 1546 SW 35TH PLACE
City-State-Zip: GAINSVILLE FL 32608