

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40918

**FILED**  
**Apr 16, 2016**  
**Secretary of State**  
**CC6925618829**

**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.

04/16/2016

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

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

*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

DP

04/16/2016

Electronic Signature of Signing Officer/Director Detail

Date