

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40918

**FILED  
Apr 10, 2014  
Secretary of State  
CC7195292506**

**Entity Name:** ALLEN BROUSSARD CONSERVANCY, INC.

**Current Principal Place of Business:**

502 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**Current Mailing Address:**

502 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**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.

04/10/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name BROUSSARD, WILLIAM J  
Address 502 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

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 BELANGER, BARBARA A  
Address 507 E. MELBOURNE AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR  
Name HIGGS, NANCY N  
Address 7860 CASUARINA DRIVE  
City-State-Zip: S. MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name MCAULIFFE, MARY L  
Address 780 ACACIA AVENUE  
City-State-Zip: MELBOURNE VILLAGE FL 32904

Title DIRECTOR  
Name PALERMO, JIM MD  
Address 1935 N. TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32953

**Continues on page 2**

*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

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SNELL, CHARLES L  
Address        4600 SMITHFIELD ROAD  
City-State-Zip: MELBOURNE FL 32934