

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mantham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:20

DOCUMENT # **753298** (9)

1. Corporation Name
LIOC ENDANGERED SPECIES CONSERVATION FEDERATION, INC.

Principal Place of Business Mailing Address
1991 S.W. 136 AVENUE 1991 S.W. 136 AVENUE
DAVIE FL 33325 DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/09/1980** 3a. Date of Last Report **06/20/1994**
4. FEI Number **59-2048618** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
HATFIELD, JEAN C.
1991 SW 136 AVE.,
DAVIE FL 33325

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150B, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KNIGHT-MONTEIRO, KATIE
STREET ADDRESS	RT. 3, BOX 410
CITY-ST-ZIP	ALVIN TX
TITLE	D
NAME	CARMICHAEL, CARIN
STREET ADDRESS	7009 WILLOUGHBY AVENUE
CITY-ST-ZIP	HOLLYWOOD CA
TITLE	D
NAME	WAGNER, SHIRLEY
STREET ADDRESS	3730 BELLE ISLE LANE E.
CITY-ST-ZIP	MOBILE AL
TITLE	ST
NAME	VIGNE, LORA
STREET ADDRESS	20889 GEYSERVILLE AVENUE
CITY-ST-ZIP	GEYSERVILLE CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ken Hatfield
1.3 STREET ADDRESS	1260 N.W. Perimeter Rd.
1.4 CITY-ST-ZIP	Trousdale, OR 97060
2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barbara Wilton
2.3 STREET ADDRESS	7800 S.E. Luther Rd.
2.4 CITY-ST-ZIP	Portland, OR 97206
3.1 TITLE	ST/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sharon L. Roe
3.3 STREET ADDRESS	29641 N.E. Timmen Rd.
3.4 CITY-ST-ZIP	Ridgefield, WA 98642
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Shirley Wagner
4.3 STREET ADDRESS	3730 Belle Isle Lane E.
4.4 CITY-ST-ZIP	Mobile, AL 36619
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Sharon L. Roe Sharon L. Roe 1-25-94 360-887-8563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)