

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 753298 (9)**  
1. Corporation Name  
**LIOC ENDANGERED SPECIES CONSERVATION FEDERATION, INC.**



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

3. Date Incorporated or Qualified: **07/09/1980**  
3a. Date of Last Report: **02/20/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 27  
City & State: 28  
Zip: 24  
Country: 25  
Zip: 29  
Country: 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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HATFIELD, KEN</b>	1.2 NAME
STREET ADDRESS	<b>1260 N.W. PERIMETER RD.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>TROUTDALE OR</b>	1.4 CITY-ST-ZIP
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILTON, BARBARA</b>	2.2 NAME
STREET ADDRESS	<b>7800 S.E. LUTHER RD.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>PORTLAND OR</b>	2.4 CITY-ST-ZIP
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROE, SHARON L</b>	3.2 NAME
STREET ADDRESS	<b>29641 N.E. TIMMEN RD.</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>RIDGEFIELD WA</b>	3.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGNER, SHIRLEY</b>	4.2 NAME
STREET ADDRESS	<b>3730 BELLE ISLE LANE E.</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>MOBILE AL</b>	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>J.B. Anderson</b>
STREET ADDRESS		5.3 STREET ADDRESS <b>Rt 4 Box 2190</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Osage Beach, MO 65065</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>Carin Sousa</b>
STREET ADDRESS		6.3 STREET ADDRESS <b>2960 Bay St.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>Gulf Breeze, FL 32561</b>

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 119.07(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 1-31-96 360-887-8563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)