

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

4. FEI Number
59-2048618

Applied For
 Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARIN, SOUSA | 1.2 NAME | |
| STREET ADDRESS | 2960 BAY STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULD BREEZE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILTON, BARBARA | 2.2 NAME | |
| STREET ADDRESS | 7800 S.E. LUTHER RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORTLAND OR | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROE, SHARON L | 3.2 NAME | |
| STREET ADDRESS | 29641 N.E. TIMMEN RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIDGEFIELD WA | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAGNER, SHIRLEY | 4.2 NAME | |
| STREET ADDRESS | 3730 BELLE ISLE LANE E. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MOBILE AL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, J.B. | 5.2 NAME | |
| STREET ADDRESS | RT 4 BOX 2190 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OSAGE BEACH MO | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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) Sharon L Roe 3-10-98 360-887-8563

CR2E037 (10/97)