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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

### **DOCUMENT # 753298**

## LIOC ENDANGERED SPECIES CONSERVATION FEDERATION,

Little	ipai i	1900	٠,	D0011
1991	S.W.	136	٨V	ENUE
DAM	C CI	2222	5	

# **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90189 034 \*\*\*\*61.25

D-1-1-1-01-	of Dunings	Mailing Address							•
Principal Place 1991 S.W. 136 DAVIE FL 3332	AVENUE	Mailing Address 1991 S.W. 136 AVENUE DAVIE FL 33325							
							,		· · · · · · · · · · · · · · · · · · ·
¬ '	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 07/09/1980			
Suite, Apt.	# etc.	Suite, Apt. #, etc.				4. FEI Number		Apı	plied For
22	.,	27				59-2048618		No	Applicable
City & State	е	City & State				5. Certifcate of Status Desired		<b>\$8.75</b> ∧	
23		28				o. Certificate of Citation Dollard		. Fee Re	
Zip	Country	Zip	Cou	intry		6. Election Campaign Financing		\$5.00	-
4	25	29	30			Trust Fund Contribution	Demistered A	Added to	o Fees
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New I	registereu A	Hem	<del></del>
				0.		<u>.</u>			
HATFIELD	, JEAN C.			82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
1991 SW	• •			83			<del></del>	<del></del>	
DAVIE FL	33325					· <u></u>	· · · ·	les Zin (	- Codo
				84	City		FL	85 Zip C	ļ
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent.	or Florida, Such change was ions of, Section 617.0503, F	Florida Stat	utes.	ne corporation	on's board of directors. I hereby acce	pt the appoin	ment as reg	gistered
12.	OFFICERS ANI		13.		organization in the second	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TI	TLE				Change	Addition
NAME	CARIN, SOUSA		: 1.2 N/	AME					· (
STREET ADDRESS	2960 BAY STREET		1.3 S1	TREET	ADDRESS				
CITY-ST-ZIP	GULD BREEZE FL		1,4 CI	ΠΥ-ST-	-ZIP				
TITLE	VP	☐ DELETE	2.1 Π	TLE	P	resident		Change	☐ Addition
NAME	WILTON, BARBARA		2.2 N	AME				٠.	
STREET ADDRESS	TARREST OF LUMBER BO		2.3 \$	TREET	ADDRESS				. [
CITY-ST-ZIP	PORTLAND OR		2.40	TY-ST	r-ZIP		<u> </u>		
TITLE	ST	☐ DELETE	3.1 TI	TLE				Change	☐ Addition
NAME	ROE, SHARON L		3.2 N	AME					
STREET ADDRESS	29641 N.E. TIMMEN RD.		3.3 S	TREET	ADDRESS			•	
CITY-ST-ZIP	RIDGEFIELD WA			ITY-ST	r-ZIP			[ ] Change	Addition
TITLE	D	☐ DELETE	4.1 TI					Citaline	
NAME	WAGNER, SHIRLEY			IAME					
STREET ADDRESS			- 1		ADDRESS				
CITY-ST-ZIP	MOBILE AL	C ACIETE		TY-ST	-ZIP		<del></del>	Change	Addition
TITLE	D	☐ DELETÉ	5.1 TI : 5.2 N						
NAME	ANDERSON, J.B.				ADDRESS Z	825 E. Nashville	Thurch 1	Rd.	
STREET ADDRESS				ITY-ST	710	Ashland, MO 650	1.5		
CITY-ST-ZIP	OSAGE BEACH MO	☐ DELETE	6.1 Ti		·4F	STIMING JUILO SOU		☐ Change	☐ Addition
πε	1	FT DECEIE	6.2 N						(
NAME				_	ADDRESS				ľ
STREET ADORESS	í		0.5 0		,				1

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, with all other like empowered.

6.4 CITY-ST-ZIP