

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90037 024 ****61.25

DOCUMENT # 753298
 1. Entity Name
LIOC ENDANGERED SPECIES CONSERVATION FEDERATION,

Principal Place of Business 1991 S.W. 136 AVENUE DAVIE FL 33325	Mailing Address 1991 S.W. 136 AVENUE DAVIE FL 33325
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2048618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HATFIELD, JEAN C.
1991 SW 136 AVE.,
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME D CARIN, SOUSA	<input type="checkbox"/> Delete
STREET ADDRESS 2960 BAY STREET	
CITY-ST-ZIP GULD BREEZE FL	
TITLE NAME P WILTON, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 7800 S.E. LUTHER RD.	
CITY-ST-ZIP PORTLAND OR	
TITLE NAME ST JONES, TONYA H	<input type="checkbox"/> Delete
STREET ADDRESS 248 RIVER RD	
CITY-ST-ZIP CROMWELL KY 42333	
TITLE NAME D WAGNER, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS 3730 BELLE ISLE LANE E.	
CITY-ST-ZIP MOBILE AL	
TITLE NAME D ANDERSON, J.B.	<input type="checkbox"/> Delete
STREET ADDRESS 1825 E NASHVILLE CHURCH RD	
CITY-ST-ZIP ASHLAND MO 65010	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME President George Stowers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Po Box 80 / 116 339 Maple St. Bldg 2	
CITY-ST-ZIP Lycoming, NY 13093 Oswego, NY 13126	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tonya Haven Jones* **TONYA HAVEN-JONES Sec/Treas.** 04/18/01 2702743072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)