

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **814442** (0)

1. Corporation Name
THE NATURE CONSERVANCY, INC.



Principal Place of Business: 1815 N LYNN ST, ARLINGTON VA 22209
Mailing Address: 1815 N LYNN ST, ARLINGTON VA 22209

3. Date Incorporated or Qualified: 05/27/1960
3a. Date of Last Report: 05/31/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 53-0242652	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWHILL, JOHN, C	1.2 NAME	
STREET ADDRESS	1815 N LYNN ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON VA	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD III, THOMAS J	2.2 NAME	
STREET ADDRESS	3917 HARRISON NW	2.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	2.4 CITY - ST - ZIP	
TITLE	VPCF	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONE, NIELS	3.2 NAME	
STREET ADDRESS	1815 N LYNN STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON VA	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, JOYCE K.	4.2 NAME	
STREET ADDRESS	1815 N. LYNN ST.	4.3 STREET ADDRESS	400001827514
CITY - ST - ZIP	ARLINGTON VA	4.4 CITY - ST - ZIP	-05/20/96--01006--027
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULTER, RAYMOND M.	5.2 NAME	
STREET ADDRESS	7810 FREEHOLLOW DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	FALLS CHURCH VA	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINT, PAUL H. JR	6.2 NAME	
STREET ADDRESS	1815 N. LYNN STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON VA	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 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: Paul H. Flint, Jr. 5/14/96 (703) 841-5300
Paul H. Flint, Jr. Assistant Secretary

CR2E037 (12/95)