

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # 814442 (0)**  
 1. Corporation Name  
**THE NATURE CONSERVANCY, INC.**



Principal Place of Business Mailing Address  
**1815 N LYNN ST** **1815 N LYNN ST**  
**ATTN: JUDY T. DIXON** **ATTN: JUDY T. DIXON**  
**ARLINGTON VA 22209** **ARLINGTON VA 22209**

3. Date Incorporated or Qualified **05/27/1960** 3a. Date of Last Report **05/31/1995**  
 4. FEI Number **53-0242652** 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 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip  
 24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 re-appointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAWHILL, JOHN, C	
STREET ADDRESS	1815 N LYNN ST	
CITY - ST - ZIP	ARLINGTON VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FITZGERALD III, THOMAS J	
STREET ADDRESS	3917 HARRISON NW	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	CRONE, NIELS	
STREET ADDRESS	1815 N LYNN STREET	
CITY - ST - ZIP	ARLINGTON VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	O'DONNELL, JOYCE K.	
STREET ADDRESS	1815 N. LYNN ST.	
CITY - ST - ZIP	ARLINGTON VA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CULTER, RAYMOND M.	
STREET ADDRESS	7810 FREEHOLLOW DR	
CITY - ST - ZIP	FALLS CHURCH VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLINT, PAUL H. JR	
STREET ADDRESS	1815 N. LYNN STREET	
CITY - ST - ZIP	ARLINGTON VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 as an attachment with an address.

SIGNATURE: *My Paul H. Flint* ASSISTANT SECRETARY 07-25-96 (703)841-5300  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DAY

CR2E037 (3/96)