

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814442 (0)  
1. Corporation Name  
**THE NATURE CONSERVANCY, INC.**



Principal Place of Business 1815 N LYNN ST ATTN: JUDY T. DIXON ARLINGTON VA 22209	Mailing Address 1815 N LYNN ST ATTN: JUDY T. DIXON ARLINGTON VA 22209-2009
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3. Date Incorporated or Qualified 05/27/1960	3a. Date of Last Report 05/16/1996
4. FEI Number 53-0242652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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) 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/D	<input type="checkbox"/> DELETE
NAME	FITZGERALD III, THOMAS J	
STREET ADDRESS	3917 HARRISON NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VPCF/D	<input checked="" type="checkbox"/> DELETE
NAME	CRONE, NIELS	
STREET ADDRESS	1815 N LYNN STREET	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	CULTER, RAYMOND M.	
STREET ADDRESS	7810 FREEHOLLOW DR	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	FLINT, PAUL H. JR	
STREET ADDRESS	1815 N. LYNN STREET	
CITY-ST-ZIP	ARLINGTON VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
3.2 NAME	VPCF/D
3.3 STREET ADDRESS	HALL, DOUGLAS C.
3.4 CITY-ST-ZIP	1815 N. Lynn Street Arlington, VA 22209
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 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 \_\_\_\_\_ DATE May 21, 1997

CR2E037 (9/96)