

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/2/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**APPROVED  
AND  
FILED**

**95 JUN 22 PM 2:58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N39401 (7)**

**1. Corporation Name  
THE INTERNATIONAL IGUANA SOCIETY, INC.**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business Mailing Address  
RT. 3, BOX 328 RT. 3, BOX 328  
BIG PINE KEY FL 33043 BIG PINE KEY FL 33043**

**3. Date Incorporated or Qualified 08/02/1990 3a. Date of Last Report 07/21/1994**  
**4. FBI Number 65-0214222 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**  
**7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25**  
**8. This corporation has liability for intangible tax under Florida Statutes 100.037 Yes No**

**2. Principal Place of Business 2a. Mailing Address**  
**21 26**  
**22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.**  
**23 City & State 28 City & State**  
**24 Zip Country 29 Zip Country 30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BURNAMAN, ROSS  
1447 S. GADSDEN ST.  
TALLAHASSEE FL 32301**

**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** Signature: Typed or printed name of registered agent and title if applicable. **DATE** Registered Agent signature required when registering.

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE PD**  
**NAME EHRIG, ROBERT**  
**STREET ADDRESS RT. 3, BOX 328**  
**CITY- ST- ZIP BIG PINE KEY FL**

**TITLE VD**  
**NAME WIEWANDT, THOMAS A PHD**  
**STREET ADDRESS PO BOX 5118 N/A**  
**CITY- ST- ZIP TUCSON AZ**

**TITLE TD**  
**NAME EHRLICH, DAVID**  
**STREET ADDRESS RT 1 BOX 37 JG**  
**CITY- ST- ZIP GRASSY KEY FL**

**TITLE D**  
**NAME RIPCA, MICHAEL E**  
**STREET ADDRESS 453 EDMONDS AVE**  
**CITY- ST- ZIP DREXEL HILL PA**

**TITLE D**  
**NAME MONTANUCCI, RICHARD R PHD**  
**STREET ADDRESS 321 HICKORY LANE**  
**CITY- ST- ZIP SENECA SC**

**TITLE D**  
**NAME IVERSON, JOHN B**  
**STREET ADDRESS EARLHAM COLLEGE**  
**CITY- ST- ZIP RICHMOND IN**

**11 TITLE**  Change  Addition  
**12 NAME**  
**13 STREET ADDRESS**  
**14 CITY- ST- ZIP**

**21 TITLE**  Change  Addition  
**22 NAME** Hayes, William PhD  
**23 STREET ADDRESS** Southern College, Dept of Biology N/A  
**24 CITY- ST- ZIP** Collegedale, TN 37315

**31 TITLE**  Change  Addition  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY- ST- ZIP**

**41 TITLE**  Change  Addition  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY- ST- ZIP**

**51 TITLE**  Change  Addition  
**52 NAME** Wiewandt, Thomas A. PhD  
**53 STREET ADDRESS** PO Box 5118 N/A  
**54 CITY- ST- ZIP** Tucson, AZ

**61 TITLE**  Change  Addition  
**62 NAME**  
**63 STREET ADDRESS**  
**64 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 agent 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: David M Ehrlich DVM - Treasurer**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**6-18-95 305-743-0182**  
**Date Expires**

CR2E037 (3/95)