

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N39401** (7)

1. Corporation Name
THE INTERNATIONAL IGUANA SOCIETY, INC.



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

3. Date Incorporated or Qualified: **08/02/1990**
3a. Date of Last Report: **06/22/1995**
4. FEI Number: **65-0214222**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **BURNAMAN, ROSS, 1447 S. GADSDEN ST., TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code: **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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD EHRIG, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 3, BOX 328	1.2 NAME	
STREET ADDRESS	BIG PINE KEY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD HAYES, WILLIAM PHD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHERN COLLEGE DEPT. OF BIOLOGY N/A	2.2 NAME	
STREET ADDRESS	COLLEGEDALE TN 37315	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD EHRlich, DAVID	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 1 BOX 37 JG	3.2 NAME	
STREET ADDRESS	GRASSY KEY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D RIPCA, MICHAEL E	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	453 EDMONDS AVE	4.2 NAME	
STREET ADDRESS	DREXEL HILL PA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WEIWANDT, THOMAS A PHD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 5118 NA	5.2 NAME	
STREET ADDRESS	TUCSON AZ	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D IVERSON, JOHN B	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLHAM COLLEGE	6.2 NAME	
STREET ADDRESS	RICHMOND IN	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Dr. David Ehrlich, Treasurer 4-11-96 305-743-0182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)