FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90140 015 ***158.75

DOCUMENT # P02000035691

1. Entity Name
Viva Conservation Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1431 Poinciana Ave	P.O. Box 2031
Suite, Apt, #, etc. —	Suite, Apt. #, etc.
City & State: Ft. Myers, FL	City & State: Ft. Myers, FL
Zip: 33901 Country: USA	Zip: 33902 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 1705302705 2008 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Susan Anthony
Street Address (P.O. Box Number is Not Acceptable): 1431 Poinciana Ave
City: Ft. Myers, FL Zip Code: 33901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P	James H McConnell Casa San José #1 Calle de los Remedios Antigua, Guatemala, C.A.
VP D	Susan Anthony 1431 Poinciana Ave. Ft. Myers, FL 33901
V D	Bob Snibbe 5 Pelican Place Bellair, FL 34616
S D	Maren Francis 112 South Wilcox Castle Rock, CO 80104
D	Jean Niven 3032 St. Paul Blvd. Rochester, NY 14617

CR2E034B (12/01)

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13. I 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: James H McConnell P.C. Apr 16, 2002 P-11-502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James H McConnell, P.C.