

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 # 710402 (9)

1. Corporation Name

THE CONSERVANCY, INC.



Principal Place of Business

Mailing Address

~~HOLLIS J. GILLESPIE - MANAGER~~  
~~NATURE DISCOVERY CTR., 1450 MERRIHUE DR.~~  
~~NAPLES FL 33942~~

~~HOLLIS J. GILLESPIE - MANAGER~~  
~~NATURE DISCOVERY CTR., 1450 MERRIHUE DR.~~  
~~NAPLES FL 33942~~

3. Date Incorporated or Qualified

02/21/1966

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 The Conservancy, Inc.

26 Same

4. FEI Number

59-1157084

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

Suite, Apt. #, etc.

22 1450 Merrihue Drive

City & State

23 Naples, FL 33942

Zip

24 33942

Country

25 Collier

City & State

26 Same

Zip

27 33942

Country

28 Collier

City & State

29 Same

Zip

30 33942

Country

31 Collier

9. Name and Address of Current Registered Agent

FITCH, JOHN H., PH. D.  
645 PARKVIEW LANE  
NAPLES FL 33940

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
RATLIFF, EUGENE  
777 GULF SHORE BLVD N  
NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
GIFFORD, BEVERLY A  
7923 GRAND BAY DR  
NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FITCH, JOHN H., PH. D.  
645 PARKVIEW LANE  
NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVC  
SCHROEDER, PATRICIA H  
4001 GORDON DR  
NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
HIGHMARK, DAVID A  
4001 N TAMiami TRAIL  
NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
YORK, DONALD J  
154 AMBLEWOOD LANE  
NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 on an attachment with an address.

SIGNATURE:

*John H. Fitch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Fitch, President/CEO

1/22/96

941-262-0304

CR2E037 (12/95)