FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:45

DOCUMENT # 713554 (4)

1. Corporation Name
SANIBEL - CAPTIVA CONSERVATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
3333 SANIBEL-CAPTIVA ROAD P.O. BOX 839 SANIBEL FL 33957-0839	3333 SANIBEL-CAPTIVA ROAD P.O. BOX 839 SANIBEL FL 33957-0839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1967
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1205087 ☐ Applied For ☐ Not Applicable

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

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 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BISBEE, CHARLES 557 E ROCKS DR SANIBEL FL 33957	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD ☒ Change ☐ Addition
NAME	STEELE, ROBERT E	1.2 NAME	
STREET ADDRESS	737 RABBIT RD	1.3 STREET ADDRESS	Holsinger, Constance A. 4190 Dingman Drive
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	Sanibel, FL 33957
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	BISBEE, CHARLES	2.2 NAME	
STREET ADDRESS	557 E ROCKS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	HANGER, ROBERT J	3.2 NAME	
STREET ADDRESS	3354 ST. KILDA ROAD	3.3 STREET ADDRESS	Slayton, Robert E. 3910 Coquina Drive
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	Sanibel, FL 33957
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	DEUBER, RUTH A	4.2 NAME	
STREET ADDRESS	914 SNOWBERRY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		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)(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: Charles Bisbee Jan. 20, 1995 813/472-2329
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles Bisbee, Treasurer

0081980