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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

3. Date Incorporated or Qualified 10/31/1967  
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1205087 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
ROTH, PAUL F.  
528 KINZIE ISLAND CT.  
SANIBEL FL 33957  
10. Name and Address of New Registered Agent  
81 Name JIM GRAHAM  
82 Street Address (P.O. Box Number is Not Acceptable) 3256 TWIN LAKE LANE  
83  
84 City SANIBEL FL 85 Zip Code 33957

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 JAMES B. GRAHAM  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
Sandra B. Mortham  
DATE 2/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSINGER, CONSTANCE A.	1.2 NAME	WILLIAM F. HILLEBRANDT
STREET ADDRESS	4190 DINGMAN DRIVE	1.3 STREET ADDRESS	2649 GULF DRIVE
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	TT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, PAUL F.	2.2 NAME	JIM GRAHAM
STREET ADDRESS	528 KINZIE ISLAND CT.	2.3 STREET ADDRESS	3256 TWIN LAKE LANE
CITY-ST-ZIP	SANIBEL, FL 00000	2.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAYTON, ROBERT E.	3.2 NAME	JIM NAGGART
STREET ADDRESS	3910 COQUINA DRIVE	3.3 STREET ADDRESS	12491 COCONUT CREEK CT.
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLEBRANDT, WILLIAM	4.2 NAME	CONNIE HOLSINGER
STREET ADDRESS	3649 GULF DR.	4.3 STREET ADDRESS	4190 DINGMAN DRIVE
CITY-ST-ZIP	SANIBEL FL	4.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: William F. Hillebrandt  
Signature and typed or printed name of signing officer or director  
Date 3/3/97  
Daytime Phone # 0057040

CR2E037 (9/96)