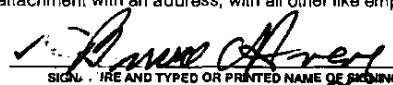


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90109 021 ****61.25

DOCUMENT # 713554 1. Entity Name SANIBEL - CAPTIVA CONSERVATION FOUNDATION, INC.					
Principal Place of Business 3333 SANIBEL-CAPTIVA ROAD P.O. BOX 839 SANIBEL, FL 33957-0839			Mailing Address P O BOX 839 SANIBEL, FL 33957-0839		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1205087	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINDBLAD, ERICK 3333 SANIBEL-CAPTIVE ROAD SANIBEL, FL 33957			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHWAB, WARREN 1225 SAND CASTLE RD. SANIBEL, FL 33957	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT AVERY, BRUCE 722 GOPHER WALK WAY SANIBEL, FL 33957	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BALL, ARMAND 1351 MIDDLE GULF DR. SANIBEL, FL 33957	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SKAUGSTAD, DEAN 3851 COQUINA DR. SANIBEL, FL 33957	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HILLEBRANDT, WILLIAM 1355 EAGLE RUN DR. SANIBEL, FL 33957	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BALL, ARMAND 1351 MIDDLE GULF DR. SANIBEL, FL 33957	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/13/2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 239 472-2329		