

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 # 715931 (2)

1. Corporation Name

FLORIDA CONSERVATION FOUNDATION INC.



Principal Place of Business

Mailing Address

1251-B MILLER AVE.  
WINTER PARK FL 32789-1827

1251-B MILLER AVE.  
WINTER PARK FL 32789-1827

3. Date Incorporated or Qualified  
01/23/1969

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7034179

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

RAMSDELL, MARCIA  
1251-B MILLER AVE.  
WINTER PARK FL 32789

81 Name

HEAD, DOUGLAS D.

82 Street Address (P.O. Box Number is Not Acceptable)

83

1251-B MILLER AVE.

84 City

WINTER PARK

FL

85 Zip Code

32789

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

*Douglas D. Head*  
Signature, typed or printed name of registered agent and title if applicable

DOUGLAS D. HEAD, DIRECTOR

6/1/96

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLACKBURN, JOHN O.	
STREET ADDRESS	221 SHELL PT RD E	
CITY-ST-ZIP	MAITLAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FLETCHER, DEAN R	
STREET ADDRESS	2000 DERBYSHIRE RD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RIGANTE, M.C.	
STREET ADDRESS	2115 NELA AVE	
CITY-ST-ZIP	BELLE ISLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEIDIG, EGBERT	
STREET ADDRESS	2802 NELA AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, FRANKLIN	
STREET ADDRESS	4272 19TH PL SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAMPS, BOB	
STREET ADDRESS	6330 PLYMOUTH SORRENTO	
CITY-ST-ZIP	APOKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RIGANTE, M.C.	
1.3 STREET ADDRESS	2115 NELA AVE.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32809	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BLACKBURN, JOHN O.	
2.3 STREET ADDRESS	221 SHELL POINT RD. E.	
2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STAMPS, BOB	
3.3 STREET ADDRESS	6330 PLYMOUTH-SORRENTO RD.	
3.4 CITY-ST-ZIP	APOKA, FL 32712	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	300001857983	
4.3 STREET ADDRESS	-06/11/96--01073--019	
4.4 CITY-ST-ZIP	***61.25	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DOUGLAS D. HEAD	
5.3 STREET ADDRESS	500 MAITLAND CIRCLE	
5.4 CITY-ST-ZIP	ORLANDO, FL 32803	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FLETCHER, DEAN R.	
6.3 STREET ADDRESS	2000 DERBYSHIRE RD.	
6.4 CITY-ST-ZIP	MAITLAND, FL 32715	

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:

*Douglas D. Head*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS D. HEAD, DIRECTOR

4/24/96

Date

Daytime Phone #

CR2E037 (12/95)