

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90015 034 ****61.25

DOCUMENT # 757426					
1. Entity Name AFRICAN SAFARI CLUB OF FLORIDA CONSERVATION FUND, INC.					
Principal Place of Business 6550 N. FEDERAL HWY STE 330 FT LAUDERDALE, FL 33308			Mailing Address 6550 N. FEDERAL HWY STE 330 FT LAUDERDALE, FL 33308		
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 59-2093449	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEINRICH, EUGENE L 500 E. BROWARD BLVD, 10TH FLOOR FT LAUDERDALE, FL 33394			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME FERRIS, BOB STREET ADDRESS P.O. BOX 14070 CITY-ST-ZIP FT. LAUDERDALE, FL 33302	<input checked="" type="checkbox"/> Delete		TITLE P NAME RON TUPPEN STREET ADDRESS 12404 COCONUT ROW CITY-ST-ZIP PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME TUPPEN, RON STREET ADDRESS 12404 COCONUT ROW CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE VP NAME MIKE LITTLE STREET ADDRESS 7901 SW 6TH CT. CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LITTLE, MARK STREET ADDRESS 7901 S.W. 6TH CT. CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE S NAME TIM McDERMOTT STREET ADDRESS 1761 SW 54TH TERRACE CITY-ST-ZIP PLANTATION, FL 33317	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CHARLAND, DAVE STREET ADDRESS 3559 NW 53RD ST. CITY-ST-ZIP FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SAWYER, THOMAS R II STREET ADDRESS 6550 N. FEDERAL HWY #330 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GILBERT, GEORGE STREET ADDRESS 2201 NE 227 PLACE CITY-ST-ZIP FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Thomas R Sawyer</i>		Thomas R Sawyer		2-14-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 954-491-7233	