NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90106 014 ****61.25

DOCUMENT # 761234

1. Corporation	Name									
AMERICAN WETLANDS RESEARCH FOUNDATION, INC.										
							•			
Principal Place of Business Mailing Address										
95 LIGHTHOUSE DRIVE 95 LIGHTHOUSE DRIVE										
217 S ADAMS STREET delete 217 S ADAMS STREET JUPITER FL 33469 JUPITER FL 33469				delete						
JUPITER PL 30	H09	JUITIER 12 JUICO				Í				
Principal Place of Business 2a. Mailing Address						$\neg \uparrow$	3. Date Incorporated or Qualifed	-	,	
21		26					12/28/1981	<u> </u>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_				4. FEI Number EQ-24E0075			olied For
22	27					59-2459075			Applicable	
City & State	е	⊢ '	City & State				5. Certificate of Status Desired		A و ۱۳۵ و ت Fee Rec	dditional
23	Country	Zip Country			\dashv	6 51-4 0			 	
Zip	Country	29	30				6. Election Campaign Financing Trust Fund Contribution		\$5.00 to Added to	
24]	9. Name and Address of Current		1301			10. Name and Address of New I	Registered A			
_				81	Name			•		
SNYDER, ROBERT M.				82 Street Add			s (P.O. Box Number is Not Accept	ahle)		
95 LIGHTHOUSE DRIVE				62 Street A			S (F.O. DOX Reliber is Not Accept	abioy		
JUPITER FL 33469				83				-	•	1
OO! II LII !	2 30 103			84	City				85 Zip C	ode
								FL		1
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statu	tes, the at	ove	-named o	corpor	ation submits this statement for the	purpose of o	hanging its	registered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	or Florida. Such change was a ions of, Section 617.0503, Flo	sutnonzeo orida Statu	ites.	ine corpo	HARON	s board of directors. I hereby acce	pr aro apporr	THOM SO TO	Jistorea
SIGNATURE										{
	Signature, typed or printed name of registered agent		: Registered	Agent	signature re	equired w	then reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
12.	OFFICERS ANI	DELETE	1.1 717	3 F		D	7,5517161167613111626116161			Addition
TITLE	PD POREDT M	D bettere	1.2 NA			_	ges, Margaret		_ , •	
NAME OTDEST ADDOSES	SNYDER, ROBERT M. 95 LIGHTHOUSE DRIVE				1		Shelter Lame		:	.
STREET ADDRESS	JUPITER FL		1.4 C/I		1		<u>iter FL 33469</u>	÷		1
CITY-ST-ZIP	VD DELETE			2.1 TITLE			<u> </u>		Change	Addition
NAME	SNYDER, BEATRICE			2.2 NAME			ges, James			
STREET ADDRESS	95 LIGHTHOUSE DRIVE		2.3 ST	REET			Shelter Lane			İ
CITY-ST-ZIP	JUPITER FL		2, 4 CI	TY-ST	1		iter FL 33469	_		
TITLE	STD	DELETE	3.1 TII	LΕ		D			Change	★ Addition ★ Addition
NAME	EGAN, MICHAEL	/ '	3.2 NA	ME.		Sia	ni, Alfredo F.			
STREET ADDRESS	217 S. ADAMS STREET		3.3 ST	REET	ADDRESS	79	Lighthouse Drive			
CITY-ST-ZIP	TALLAHASSEE FL		3.4. Cl	TY-ST	Γ- ZIP	Jup	iter FL 33469			
TITLE	D X Ad	☐ DELETE ☐ Idition	4,1 TIT	LE		D			☐ Change	Addition
NAME	Chridae Mac C		4.2 N		,		ni, Tracy			\
STREET ADDRESS	5479 N.E. 56th St. High Springs FL 32		4.3 ST	REET.	ADDRESS		Lighthouse Drive		•	
CITY-ST-ZIP			4,4 CI			•	<u>iter FL 33469</u>	_	Change	Addition
TITLE		ldition DELETE	5.1 TIT 5.2 NA			D	1 -			Addition
NAME	Bisson, Robert				ADDRESS		ham, Ross			
STREET ADDRESS	206 S. Lee Street		5.4 CI		1		7 N.W. Lake Point		•	
CITY-ST-ZIP	Alexandria VA 2231	4 □ DELETE	5.4 CI		- 1		art FL 34994	_	Change	X Addition
TITLE			6.2 NA		ł	D				- '
NAME					ADDRESS I		llister, Dr. Raymo			ļ
STREET ADDRESS				6.4 CITY-ST-ZIP			O N.E. 28th Averue			-
CITY-ST-ZIP					***	1 1 0	DEDOUGE POINT FI	4_31.1b./u.		

14. 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 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, with all other like expowered.

SIGNATURE: Robert M. Congde UP Holder

15FEB99 (561)746-7290