2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# 761234

Entity Name: AMERICAN WETLANDS RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

95 LIGHTHOUSE DRIVE
217 S ADAMS STREET
JUPITER, FL 33469

New Principal Place of Business:

Current Mailing Address:

95 LIGHTHOUSE DRIVE
217 S ADAMS STREET
JUPITER, FL 33469

New Mailing Address:

FEI Number: 59-2459075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNYDER, ROBERT M.
95 LIGHTHOUSE DRIVE
JUPITER, FL 33469

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SNYDER, ROBERT M.,	
Address:	95 LIGHTHOUSE DRIVE	
City-St-Zip:	JUPITER, FL	
Title:	VD	( ) Delete
Name:	SNYDER, BEATRICE,	
Address:	95 LIGHTHOUSE DRIVE	
City-St-Zip:	JUPITER, FL	
Title:	D	( ) Delete
Name:	MINGES, MARGARET	
Address:	234 SHELTER LN	
City-St-Zip:	JUPITER, FL 33469	
Title:	D	( ) Delete
Name:	SKILES, WES C	
Address:	5479 NE 56TH ST.	
City-St-Zip:	HIGH SPRINGS, FL 32643	
Title:	D	( ) Delete
Name:	BISSON, ROBERT	
Address:	206 S. LEE ST.	
City-St-Zip:	ALEXANDRIA, VA 22314	
Title:	D	( ) Delete
Name:	MINGES, JAMES	
Address:	234 SHELTER LN.	
City-St-Zip:	JUPITER, FL 33469	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. SNYDER PD 04/15/2004

Electronic Signature of Signing Officer or Director — Date