

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762075**

1. Entity Name  
**ENDANGERED SPECIES RESEARCH FOUNDATION, INC.**



Principal Place of Business

C/O/ PHIL FISHER  
824 FIFTH AVENUE S. - SUITE 6  
NAPLES, FL 34102 US

Mailing Address

% PHIL FISHER  
824 5TH AVENUE S., #6  
NAPLES, FL 34102 US



04292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2168109**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FISHER, PHILLIP D.  
824 FIFTH AVE S  
#6  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HURST, BETTY  
STREET ADDRESS 1730 16 AVE N.E.  
CITY-ST-ZIP NAPLES, FL 00000,

TITLE STD  
NAME GUESS, NATALIE  
STREET ADDRESS 824 FIFTH AVE S #2  
CITY-ST-ZIP NAPLES, FL 34102

TITLE PD  
NAME FISHER, PHILLIP  
STREET ADDRESS 824 FIFTH AVE S #6  
CITY-ST-ZIP NAPLES, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000146182  
05/03/04-80055-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Natalie A. Guess* Secretary/Director

4/29/04 239-659-2787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #