

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F92000000437 (5)**

1. Corporation Name

**THE SIERRA CLUB FOUNDATION, INCORPORATED**

Principal Place of Business

**220 SANSOME ST.  
SUITE 1100  
SAN FRANCISCO CA 94104**

Mailing Address

**220 SANSOME ST.  
SUITE 1100  
SAN FRANCISCO CA 94104-2326**



3. Date Incorporated or Qualified  
**11/24/1992**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

4. FEI Number

**94-6069890**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

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

**WELLMAN, MARTHA  
1506 RANKIN AVE.  
TALLAHASSEE FL 32310**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUNBAR, PATRICIA</b>	
STREET ADDRESS	<b>2255 LEAFMORE DRIVE</b>	
CITY - ST - ZIP	<b>DECATUR GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DALTON, HARRY</b>	
STREET ADDRESS	<b>663 GLENDALE DRIVE</b>	
CITY - ST - ZIP	<b>ROCK HILL SC</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLINT, ROBERT B J</b>	
STREET ADDRESS	<b>185 BEAR GULCH ROAD</b>	
CITY - ST - ZIP	<b>WOODSIDE CA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MARLENE FLUHARTY</b>	
STREET ADDRESS	<b>28115 MEADOWBROOK ROAD</b>	
CITY - ST - ZIP	<b>NOVI MI</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, ROY</b>	
STREET ADDRESS	<b>333 SOUTH GRAND AVE</b>	
CITY - ST - ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, JANICE M</b>	
STREET ADDRESS	<b>621 RESOLANO DRIVE</b>	
CITY - ST - ZIP	<b>PACIFIC PALISADES CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Gary J. Torre</b>	
1.3 STREET ADDRESS	<b>6363 Estates Drive</b>	
1.4 CITY - ST - ZIP	<b>Oakland, CA 94611</b>	
2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Harry Dalton</b>	
2.3 STREET ADDRESS	<b>663 Glendale Drive</b>	
2.4 CITY - ST - ZIP	<b>Rock Hill SC 29732</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>J. Fred Weintz</b>	
3.3 STREET ADDRESS	<b>85 Broad Street 2nd Floor</b>	
3.4 CITY - ST - ZIP	<b>New York, NY 10004</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Marlene Fluharty</b>	
4.3 STREET ADDRESS	<b>28115 Meadowbrook Road</b>	
4.4 CITY - ST - ZIP	<b>Novi MI 48377</b>	
5.1 TITLE	<b>TR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Bill Hambrecht</b>	
5.3 STREET ADDRESS	<b>1 Bush Street San Francisco CA 94104</b>	
5.4 CITY - ST - ZIP		
6.1 TITLE	<b>TR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Jane Jahn</b>	
6.3 STREET ADDRESS	<b>13149 North Country Club Court</b>	
6.4 CITY - ST - ZIP	<b>Palos Heights, IL 60462</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032(1), 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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/97**  
Date

**291-1789**  
Daytime Phone # **0070662**

CR2E037 (9/96)