FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002832 (4)**

1. Corporation Name

AFRICAN WILDLIFE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1717 MASSACHUSETTS AVE., N.W., SUITE 602 WASHINGTON DC 20036	1717 MASSACHUSETTS AVE., N.W., SUITE 602 WASHINGTON DC 20036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1993**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **52-0781390** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

INSKEEP, JENNIFER
12697 NEW BRITTANY BLVD.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHINDLER, PAUL T DR.	1.2 NAME	
STREET ADDRESS	1717 MASSACHUSETTS AVE, N.W. SUITE 602	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	VILLAREAL, REBECCA MS.	2.2 NAME	
STREET ADDRESS	1717 MASSACHUSETTS AVE, N.W. SUITE 602	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	DIPIETRO, BARBARA MS.	3.2 NAME	
STREET ADDRESS	1717 MASSACHUSETTS AVE, N.W. SUITE 602	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BUNN, GEORGE R JR.	4.2 NAME	
STREET ADDRESS	126 EAST 56TH STREET, TOWER 56	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CHALLINOR, DAVID DR.	5.2 NAME	
STREET ADDRESS	3117 HAWTHORNE STREET, N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20008	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	COE, GEORGE V	6.2 NAME	
STREET ADDRESS	89 SLEEPY HOLLOW FARM ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RED BANK NJ 07701	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Barbara Dipietro — Barbara Dipietro — 4/27/95 — (202)265-8394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072814