

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F93000002832 (4)**

1. Corporation Name

**AFRICAN WILDLIFE FOUNDATION, INC.**



Principal Place of Business

**1717 MASSACHUSETTS AVE., N.W., SUITE 602  
WASHINGTON DC 20036**

Mailing Address

**1717 MASSACHUSETTS AVE., N.W., SUITE 602  
WASHINGTON DC 20036**

3. Date Incorporated or Qualified  
**06/18/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**52-0781390**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

Country

Zip

Country

25

29

Zip

30

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

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

81 Name

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

83

84 City

**FL**

85 Zip Code

I, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **P SCHINDLER, PAUL T DR.**  
STREET ADDRESS **1717 MASSACHUSETTS AVE, N.W. SUITE 602**  
CITY-ST-ZIP **WASHINGTON DC 20036**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **P WRIGHT, ROBERT M**  
1.3 STREET ADDRESS **1717 MASSACHUSETTS AVE, NW SUITE 602**  
1.4 CITY-ST-ZIP **WASHINGTON, DC 20036**

TITLE ☐ DELETE  
NAME **S VILLAREAL, REBECCA MS.**  
STREET ADDRESS **1717 MASSACHUSETTS AVE, N.W. SUITE 602**  
CITY-ST-ZIP **WASHINGTON DC 20036**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T DIPIETRO, BARBARA MS.**  
STREET ADDRESS **1717 MASSACHUSETTS AVE, N.W. SUITE 602**  
CITY-ST-ZIP **WASHINGTON DC 20036**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D BUNN, GEORGE R JR.**  
STREET ADDRESS **126 EAST 56TH STREET, TOWER 56**  
CITY-ST-ZIP **NEW YORK NY 10022**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D CHALLINOR, DAVID DR.**  
STREET ADDRESS **3117 HAWTHORNE STREET, N.W.**  
CITY-ST-ZIP **WASHINGTON DC 20008**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D COE, GEORGE V**  
STREET ADDRESS **89 SLEEPY HOLLOW FARM ROAD**  
CITY-ST-ZIP **RED BANK NJ 07701**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D JOHN NORRIS**  
6.3 STREET ADDRESS **1325 BUCKINGHAM**  
6.4 CITY-ST-ZIP **BIRMINGHAM, MI 48009**

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**  
Date

**(202) 265-8393**  
Daytime Phone

CR2E037 (12/95)