

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

Mailing Address

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

**1717 MASSACHUSETTS AVE., N.W., SUITE 602  
WASHINGTON DC 20036-2055**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/18/1993</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>52-0781390</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, ROBERT M</b>	1.2 NAME	
STREET ADDRESS	<b>1717 MASSACHUSETTS AVE NW SUITE 602</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLAREAL, REBECCA MS.</b>	2.2 NAME	
STREET ADDRESS	<b>1717 MASSACHUSETTS AVE, N.W. SUITE 602</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20036</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIPIETRO, BARBARA MS.</b>	3.2 NAME	
STREET ADDRESS	<b>1717 MASSACHUSETTS AVE, N.W. SUITE 602</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20036</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUNN, GEORGE R JR.</b>	4.2 NAME	
STREET ADDRESS	<b>126 EAST 58TH STREET, TOWER 56</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHALLINOR, DAVID DR.</b>	5.2 NAME	
STREET ADDRESS	<b>3117 HAWTHORNE STREET, N.W.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20008</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORRIS, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>1325 BUCKINGHAM</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM MI</b>	6.4 CITY-ST-ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0078196

CR2E037 (9/96)