

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000002832 (4)**

1. Corporation Name

**AFRICAN WILDLIFE FOUNDATION, INC.**

Principal Place of Business

**1400 16TH STREET NW  
SUITE 120  
WASHINGTON DC 20036**

Mailing Address

**1400 16TH STREET NW  
SUITE 120  
WASHINGTON DC 20036**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/18/1993**

4. FEI Number

**52-0781390**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

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

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 **P** ☐ DELETE

NAME **WRIGHT, ROBERT M**  
STREET ADDRESS **1717 MASSACHUSETTS AVE NW SUITE 602**  
CITY-ST-ZIP **WASHINGTON DC**

TITLE **S** ☒ DELETE

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

TITLE **T** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **NORRIS, JOHN**  
STREET ADDRESS **1325 BUCKINGHAM**  
CITY-ST-ZIP **BIRMINGHAM MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME **SIEGLINDE FRIEDMAN** ☒ Change ☐ Addition

STREET ADDRESS **1400 16TH STREET, N.W. SUITE 120**  
CITY-ST-ZIP **WASHINGTON, DC 20036**

5000002553855--9 ☐ Change ☐ Addition

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14. 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 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 any address.

SIGNATURE: **Barbara DiPietro** BARBARA DIPIETRO

05/28/98

(202)939-3333

FILED

98 JUN -5 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (10/97)