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Feb 19 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 # **F95000005420 (3)**

1. Corporation Name

THE CONSERVATION LODGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

PO BOX 307
ANGELS CAMP CA 95222

PO BOX 307
ANGELS CAMP CA 95222-0307

3. Date Incorporated or Qualified
11/03/1995

3a. Date of Last Report
07/17/1996

2. Principal Place of Business

2a. Mailing Address

21 **1241 S. MAIN ST**

26 **As Above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Angels Camp CA**

28

24 Zip **95222**

Country **USA**

29 Zip

Country

30

4. FEI Number

52-1906468

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

**BAKER, WILLIAM T
9209 PALOS VERDE DR.
ORLANDO FL 32825**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CP** ☐ DELETE
NAME **YOST, JOHN**
STREET ADDRESS **1241 S. MAIN ST.**
CITY-ST-ZIP **ANGELS CAMP CA 95222**

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **CS** ☐ DELETE
NAME **REICHERT, JOSHUA**
STREET ADDRESS **2005 MARKET ST., 21ST FL.**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

2.1 TITLE **S/D** ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ROSS, DONALD K**
STREET ADDRESS **380 RIVERSIDE DR., APT. 10**
CITY-ST-ZIP **NEW YORK NY 10025**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address.

SIGNATURE: **WILLIAM T BAKER**

1/10/97 209-736-0928

CR2E037 (9/96)