FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

F97000002873 (4)

THE WILDERNESS PRESERVATION FUND, INC.

THE WILDERNESS PRESERVATION FUND, INC.								
Principal Plac	ce of Business	Mailing Address				i rearras usa sarra ideni adriri daliri daliri daliri dal	# 10 1000 1 0011	13 1 4499 1(1) 1 49 1
675 DUCK CRI W. YELLOWST	EEK RD. One MY 59758	675 DUCK CREEK RD. W. YELLOWSTONE MT 59758				3. Date Incorporated or Qualified 05/22/1997 4. FEI Number		Applied For
						36-3867150		Not Applicable
2. Principal Place of Business 2a. Mailing Addre			S			5. Certificate of Status Desired	\$8.75	5 Additional
Sulte, Apt.	Suite, Apt. #, etc.	to Ant H ata					Required	
22		27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & Stat	e	City & State				7. Is this nonprofit corporation a homeowners association? Yes No		
Zip	Country Zip		Country			8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30					
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered	Agent	
CORRO	DATION CEOMOC COMPANY			丄				
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Addres	ss (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525			le le	33				
	_				City	FL	. `	p 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 ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	CT COMMON LENGTO OF	DELETE		1.1 TITLE			Change	B Addition
NAME	ROBINSON, LEWIS S III 675 DUCK CREEK RD.		1.2 NAM			•		
STREET ADDRESS CITY-ST-ZIP	III UELI AMARALE LE PARIL		I '	3 STREET ADDRESS 4 CITY - ST - ZIP				
TITLE		DPS DELETE 2:11			**************************************		Addition	
NAME	Alleria de la companya del companya della companya			2.2 NAME			ondingo	, LI NOULION
STREET ADDRESS	2 PENN PLAZA, 25TH FL.			2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK AND ADDRESS		2.4 CITY	2.4 CITY-ST-ZIP				
MILE	DV			3.1 TITLE			Change	Addition
NAME	FORD, GALE DR.		3.2 NAM	E				
STREET ADDRESS	675 DUCK CREEK RD.		3.3 STRE	et ad	DDRESS			
CITY-ST-ZIP				- ST -	ZIP			
TITLE		☐ DELĒTĒ	4.1 TITLE		j		☐ Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STRE					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY		ZIP		Channe	Addition
NAME			5.1 TITLE		ļ		L Change	Addition
STREET ADDRESS			5.2 NAME 5.3 STRE		naree			
CITY-ST-ZIP			5.3 STRE					
TITLE		☐ DELETE	6.1 TITLE		LIF		Change	Addition
NAME			6.2 NAME					
STREET ADORESS			6.3 STREE		ORESS			
CITY-ST-ZIP			84 CITY-	-ST-7	71P			
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify f	er the exem	ptio	n stated in Se	ction 119.07(3)(i), Florida Statutes. I further cer	tify that th	e information
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 an address.								