FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

D/M

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 12 AM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15899** **(0)**

1. Corporation Name

~~INTERNATIONAL BILLFISH RESEARCH AND CONSERVATION FOUNDATION, INC.~~ THE BILLFISH FOUNDATION, INC

Principal Place of Business	Mailing Address
2419 E. COMMERCIAL BLVD #303 FT LAUDERDALE FL 33308	2419 E. COMMERCIAL BLVD #303 FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2694327 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LEAR, DAVE
2419 E. COMMERCIAL BLVD
STE 303
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700801455157 -04/13/95--01008--007 *****68.75 *****68.75
84 City FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Dave Lear 3/29/95
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	PCD	1.1 TITLE		☐ Change ☐ Addition
NAME	ROCKEFELLER, WINTHROP	1.2 NAME		
STREET ADDRESS	1590 UNION NATIONAL PLZ	1.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR	1.4 CITY-ST-ZIP		
TITLE	~~VD~~	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	~~SLOAN, STEPHEN~~	2.2 NAME	MEL IMMERGUT	
STREET ADDRESS	~~299 PARK AVENUE~~	2.3 STREET ADDRESS	ONE CHASE MANHATTEN PLAZA 54TH FLOOR	
CITY-ST-ZIP	~~NEW YORK NY~~	2.4 CITY-ST-ZIP	NEW YORK, NY 10005	
TITLE	~~TD~~	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	~~TYSON, DON~~	3.2 NAME	RALPH VICENTE	
STREET ADDRESS	~~1515 CIRCLE DRIVE~~	3.3 STREET ADDRESS	B#3 VILLA DE TANTILLO	
CITY-ST-ZIP	~~SPRINGDALE AR~~	3.4 CITY-ST-ZIP	GUAYNABO, PR 00966	
TITLE	D	4.1 TITLE	M	☒ Change ☐ Addition
NAME	LEAR, DAVE	4.2 NAME	LEAR, DAVE	
STREET ADDRESS	2419 E. COMMERCIAL BLVD STE 303	4.3 STREET ADDRESS	2419 E. COMMERCIAL BLVD. STE 303	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE		5.1 TITLE	TSD	☐ Change ☒ Addition
NAME		5.2 NAME	ROBERT JONES	
STREET ADDRESS		5.3 STREET ADDRESS	1935 SOUTH CAMPBELL	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SPRINGFIELD, MO 65618	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

4/1/12

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)(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: Dave Lear DAVE LEAR 3/29/95 (305) 938-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COUNTY