FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:45

DOCUMENT # N37700 (4)

1. Corporation Name
SAWGRASS HERPETOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
FERN FOREST NATURE CENTER 201 LYONS ROAD SOUTH POMPANO BEACH FL 33068 US	P.O. BOX 4852 MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0210098 ☐ 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 P.O. BOX 934852
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MARGATE, FL
Zip 24 / Country 25	Zip 29 33093-4852 / Country 30 U.S.

9. Name and Address of Current Registered Agent

PALMISCIANO, JON
11101 ROYAL PALM BLVD #218
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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 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: JP Palmisciano (TREASURER) JON PALMISCIANO 1/24/95
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	DP	1.1 TITLE	P/D ☐ Change ☒ Addition
NAME	DIPALMA, GARY	1.2 NAME	HOWARD YORK
STREET ADDRESS	2433 N.E. 7TH AVE.	1.3 STREET ADDRESS	9965 THREE LAKES CIRCLE
CITY-ST-ZIP	WILTON MANORS FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33442
TITLE	VD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	EVERHART, CHRIS	2.2 NAME	EVERHART, CHRIS
STREET ADDRESS	4872 JEFFERSON RD	2.3 STREET ADDRESS	4872 JEFFERSON RD
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SHAW, MELISSA	3.2 NAME	
STREET ADDRESS	6081 NW 24TH CT	3.3 STREET ADDRESS	→ SAME
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	T ☐ Change ☒ Addition
NAME	WHALLEY, JOHN	4.2 NAME	JON PALMISCIANO
STREET ADDRESS	7471 NW 37TH ST	4.3 STREET ADDRESS	11101 ROYAL PALM BLD. # 218
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	CORAL SPRING, FL 33065
TITLE	D	5.1 TITLE	V/D ☐ Change ☒ Addition
NAME	DALEY, DENNIS	5.2 NAME	JAMES ABLE
STREET ADDRESS	518 LAKESIDE CIR	5.3 STREET ADDRESS	6315 S.W. 1ST STREET
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	MARGATE, FL 33068
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DIMARZIO, ROBERT	6.2 NAME	
STREET ADDRESS	4049 PALM RIDGE BLVD	6.3 STREET ADDRESS	→ SAME
CITY-ST-ZIP	DELRAY BCH FL	6.4 CITY-ST-ZIP	

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: JP Palmisciano JON PALMISCIANO 1/24/95 (305) 960-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000003