

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001089

FILED
Feb 01, 2006
Secretary of State

Entity Name: INTERNATIONAL THREATENED SPECIES FOUNDATION, INC.

Current Principal Place of Business:

1314 SR 60 WEST
PLANT CITY, FL 33567 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 4204
PLANT CITY, FL 335630021 US

New Mailing Address:

FEI Number: 65-0506477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATHER, ROBERT L
924 FRANK SMITH ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARTIN, PHYLLIS K
Address: 1314 SR 60 WEST
City-St-Zip: PLANT CITY, FL 335679282

Title: DVP () Delete
Name: ROTH, ROBERT
Address: 3286 OLD EDWARDS
City-St-Zip: FT. PIERCE, FL 34981

Title: D (X) Delete
Name: BOYD, SCOTT
Address: 17919 TIMBER VIEW STREET
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: KENNE, RON
Address: 2705 EAST VENICE AVENUE
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: LUCAS, JAMES
Address: 28324 MILLER RD
City-St-Zip: DADE CITY, FL 335257749

Title: D () Delete
Name: PRATHER, ROBERT L
Address: 924 FRANK SMITH ROAD
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS K. MARTIN

PD

02/01/2006

Electronic Signature of Signing Officer or Director

Date