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

APPROVED AND FILED
MAY -1 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002363 (9)

1. Corporation Name

FLORIDA LEAGUE OF CONSERVATION VOTERS EDUCATION FUND, INC.

Principal Place of Business: P.O. BOX 857, FLORAL CITY FL 34436

Mailing Address: 8751 EAST KEATING PARK STREET, FLORAL CITY FL 34436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: NOT APPLICABLE
4. FEI Number: [X] 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 [X] No

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

9. Name and Address of Current Registered Agent

RIGANTE, MO
8751 EAST KEATING PARK STREET
FLORAL CITY FL 32236

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RIGANTE, MO
STREET ADDRESS	2115 NELA AVE.
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	DV
NAME	ROBINSON, FRANCINE
STREET ADDRESS	2501 NW 21 AVE.
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	DT
NAME	PARADISE, BRIAN
STREET ADDRESS	2381 WOOD VALLEY COURT
CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	DS
NAME	ONKKA, MARY
STREET ADDRESS	717-202 S.W. 16TH AVE.
CITY-ST-ZIP	GAINESVILLE FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blank: six entries, each with TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and [ ] Change [ ] Addition)

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: [signature] TREASURER 4/27/95 (904) 727-2226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — BRIAN PARADISE

0004760

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CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

10:17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N94000002387 (8)

1. Corporation Name

THE NATIONAL GREYHOUND FOUNDATION, INC.

Principal Place of Business:
459 NE THIRD ST
CRYSTAL RIVER FL 34428

Mailing Address:
P O BOX 999
CRYSTAL RIVER FL 34428

3. Date Incorporated or Qualified: 05/09/1994

3a. Date of Last Report:

4. FEI Number: 65-0491973 — Applied For / Not Applicable

2. Principal Place of Business
21. 4420 Wandering Path
22. Suite, Apt. #, etc.:
23. City & State: Homosassa FL
24. Zip: 34487
25. Country: USA

2a. Mailing Address
26. PO Box 929
27. Suite, Apt. #, etc.:
28. City & State: Homosassa FL
29. Zip:
30. Country: USA

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. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SEBASTIAN, BEVERLY
459 NE THIRD ST
CRYSTAL RIVER FL 34428

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 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. ... I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of ... Florida Statutes.

SIGNATURE: Beverly C. Sebastian — 4/27/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change / Addition
D	BEVERLY SEBASTIAN	4420 Wandering Path	Homosassa, Fl. 34487	[X] Addition
	FERD SEBASTIAN	4420 WANDERING Path	Homosassa, Fl. 34487	[X] Addition
D/	TRACY SEBASTIAN	9030 Beth Ct.	CRYSTAL RIVER, Fl.	[X] Addition
D/	SANDY Watterson	2406 Ben Franklin Drive	Deland, Fl 32720	[X] Addition
D	MAUREEN FLYNN	19215 SW 93 Loop	Dunnellon, Fl 34432	[X] Addition
				[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing ... I further certify that the information indicated on this report or supplemental 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: Beverly C. Sebastian — 2/2/95 — 904-563-2462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

D004580