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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N94000002522 (0)**

1. Corporation Name

EXTINCT IS FOREVER WILDLIFE HABITAT PRESERVATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RT 2 BOX 223 TRENTON FL 32693	RT 2 BOX 223 TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1994
3a. Date of Last Report:
4. FEI Number: 59-3067980 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MATUSIK, BARBARA A RT 2 BOX 223 H TRENTON FL 32693	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MATUSIK, ROBERT D	12 NAME	
STREET ADDRESS	RT 2 BOX 223 H	13 STREET ADDRESS	SE 85 LOOP
CITY-ST-ZIP	TRENTON FL 32693	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	MATUSIK, BARBARA A	22 NAME	
STREET ADDRESS	RT 2 BOX 223 H	23 STREET ADDRESS	SE 85 LOOP
CITY-ST-ZIP	TRENTON FL 32693	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	LEE, ROBERT E	32 NAME	
STREET ADDRESS	POB 711 NA	33 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	EAKIN, SHERRIE J	42 NAME	
STREET ADDRESS	1209 SE 149TH PL	43 STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL 32667	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	LEE, M. LOUISE	52 NAME	
STREET ADDRESS	POB 711 NA	53 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669	54 CITY-ST-ZIP	
TITLE	DIRECTOR	61 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SUSAN H.	62 NAME	
STREET ADDRESS	C.O. BOX 13	63 STREET ADDRESS	NW 73 WAY
CITY-ST-ZIP	BELL, FL 32619	64 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 asterisk.

SIGNATURE: Barbara A. Matusik 4/26/95 904/472-3806
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

000003