FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

POCUMENT # N9400003672 (2)

RARE SPECIES CONSERVATORY FOUNDATION, INC.

Principal Place of Business Mailing Address 1222 E ROAD **1222 E ROAD** 3. Date incorporated or Qualified LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 <u>07/19/1994</u> 4. FEI Number Applied For 65-0560456 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes NO NO Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name REILLO, PAUL R Street Address (P.O. Box Number is Not Acceptable) **1222 E ROAD LOXAHATCHEE FL 33470** 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE DATS 1.1 TITLE Change Addition REILLO, PAUL R NAME 1.2 NAME **1222 E ROAD** STREET ADDRESS 1.3 STREET ADDRESS LOXAHATCHEE FL CITY-ST-ZW 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition WILLIAMS, JESSIE R NAME 22 NAME **1222 E ROAD** STREET ADDRESS 2.3 STREET ADDRESS LOXAHATCHEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition ESTES, RICHARD D NAME 3.2 NAME **1222 E ROAD** STREET ADDRESS 3.3 STREET ADDRESS LOXAHATCHEE FL 33470 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 champed to once attachment with an address.

SIGNATURE:

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CR2E037 (10/97)

FILED

Apr 29 1998 8:00am

Secretary of State