2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004
Secretary of State

DOCUMENT# N96000000176

Entity Name: LEMUR CONSERVATION FOUNDATION, INC.

Current Principal Place of Business:

P O BOX 249
MYAKKA CITY, FL 34251 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 249
MYAKKA CITY, FL 34251 US

New Mailing Address:

FEI Number: 59-3359549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BODRY-SANDERS, PENELOPE
42500 73 AVE E LCF
MYAKKA CITY, FL 34251

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: P ( ) Delete
Name: BODRY-SANDERS, PENELOPE
Address: 42500 73RD ST E
City-St-Zip: MYAKKA CITY, FL 34251

Title: C ( ) Delete
Name: TOOMEY, JAMES
Address: 6425 28TH AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: S ( ) Delete
Name: GIVENS, SUSAN
Address: 1388 ALKI AVE
City-St-Zip: SEATTLE, WA 98116

Title: D ( ) Delete
Name: MCKENNA, MALCOLM
Address: 1000 JASMINE CIR
City-St-Zip: BOULDER, CO 80304

Title: D ( ) Delete
Name: BROWN, BLAIR
Address: 434 W. 20 ST. # 3
City-St-Zip: NEW YORK, NY 10011

Title: T ( ) Delete
Name: ERICKSON, GAIL
Address: 138 COLUMBIA HEIGHTS
City-St-Zip: BROOKLYN, NY 11201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: ALEXANDER, JOHN
Address: 517 KELSEY RD
City-St-Zip: SHEFFIELD, MA 01257

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 Section 119.07(3)(i), 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: PENELOPE BODRY-SANDERS P 01/22/2004
Electronic Signature of Signing Officer or Director Date

MICHAEL MARTIN
3413 WINDING OAKS DRIVE
LONGBOAT KEY, FL 34228

STEPHANIE GUEST
17 EAST 16TH ST
NEW YORK, NY 10003

VIRGINIA CUNNINGHAM
126 MOONFLOWER RD
HABORO, PA 19040