2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90024 028 ****70.00

DOCUMENT # N96000000176

1. Entity Name
LEMUR CONSERVATION FOUNDATION, INC.

40000123

Principal Place of Business	Mailing Address
P O BOX 249 MYAKKA CITY, FL 34251 US	P O BOX 249 MYAKKA CITY, FL 34251 US

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3359549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BODRY-SANDERS, PENELOPE 42500 73 AVE E LCF MYAKKA CITY, FL 34251	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BODRY-SANDERS, PENELOPE 42500 73RD ST E MYAKKA CITY, FL 34251	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bladstrom, Anne 2207 Casey Key Road Nokomis, FL 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TOOMEY, JAMES 6425 28TH AVE EAST BRADENTON, FL 34208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cunningham, Virginia 126 Moonflower Road Hatboro, PA 19040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, JOHN 517 KELSEY RD SHEFFIELD, MA 01257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Guest, Stephanie 17 East 16th Street New York, NY 10003	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKENNA, MALCOLM 1000 JASMINE CIR BOULDER, CO 80304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Martin, Michael 3413 Winding Oaks Drive Long Boat Key, FL 34228	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, BLAIR 434 W. 20 ST. # 3 NEW YORK, NY 10011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rasmuson, Judy 396 NE Oats Ave. Madison, FL 32340	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ERICKSON, GAIL 138 COLUMBIA HEIGHTS BROOKLYN, NY 11201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #