

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90048 029 ****70.00

DOCUMENT # N96000000176 1. Entity Name LEMUR CONSERVATION FOUNDATION, INC.					
Principal Place of Business P O BOX 249 MYAKKA CITY, FL 34251 US			Mailing Address P O BOX 249 MYAKKA CITY, FL 34251 US		
2. Principal Place of Business - No P.O. Box # 42500 73rd Ave East			3. Mailing Address Suite, Apt. #, etc.		
City & State MYAKKA CITY, FL			City & State _____		
Zip 34251		Country USA		Zip _____	
Country USA		Country _____		4. FEI Number 59-3359549	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
\$8.75 Additional Fee Required				01292008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BODRY-SANDERS, PENELOPE 42500 73 AVE E LCF MYAKKA CITY, FL 34251			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$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	C ALEXANDER, JOHN 517 KELSEY RD SHEFFIELD, MA 01257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE AMATO 79 th St. at CPW New York, NY 10024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, MICHAEL 3413 WINDING OAKS DR. LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNE BLADSTROM 401 S PALM AVE # 1002 SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BODRY-SANDERS, PENELOPE 42500 73RD AVE EAST MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRGINIA CUNNINGHAM 126 MOONFLOWER RD HATBORO, PA 19040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, MALCOLM 1000 JASMINE CIR BOULDER, CO 80304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHANIE GUEST 17 E. 16 th ST NEW YORK, NY 10003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BLAIR 434 W. 20 ST. # 3 NEW YORK, NY 10011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLOTTE LOVEJOY 14570 GRANDE CAY CIR. # 2408 FT. MYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERICKSON, GAIL 138 COLUMBIA HEIGHTS BROOKLYN, NY 11201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUDY RASMUSON 396 NE OATS AVE MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			Feb 1, 2008 941-322-8494		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		