

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000176

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** LEMUR CONSERVATION FOUNDATION, INC.

**Current Principal Place of Business:**

42500 73RD AVE EAST  
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 US

**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: C ( ) Delete  
Name: ALEXANDER, JOHN  
Address: 517 KELSEY RD  
City-St-Zip: SHEFFIELD, MA 01257

Title: S ( ) Delete  
Name: MARTIN, MICHAEL  
Address: 3413 WINDING OAKS DR.  
City-St-Zip: LONGBOAT KEY, FL 34228

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

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

Title: D (X) Change ( ) Addition  
Name: BLADSTROM, ANNE  
Address: 401 S. PALM AVE. #1002  
City-St-Zip: SARASOTA, FL 34236

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 exemption stated 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 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

03/26/2009

Electronic Signature of Signing Officer or Director

Date