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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002486 (5)

1. Corporation Name

THE FLORIDA CONSERVATION LODGE FOUNDATION, INC.



Principal Place of Business

Mailing Address

14835 SE 85TH STREET
OCCLAHAHA FL 32179

14835 SE 85TH STREET
OCCLAHAHA FL 32179

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

59-3444098

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, WILLIAM T
14835 SE 85TH STREET
OCCLAHAHA FL 32179

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME BAKER, WILLIAM T
STREET ADDRESS C/O 14835 SE 85TH STREET
CITY-ST-ZIP OCCLAHAHA FL 32179

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME YOST, JOHN
STREET ADDRESS C/O 14835 SE 85TH STREET
CITY-ST-ZIP OCCLAHAHA FL 32179

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME JONES, DALE S
STREET ADDRESS C/O 14835 SE 85TH STREET
CITY-ST-ZIP OCCLAHAHA FL 32179

☒ DELETE

3.1 TITLE D
3.2 NAME Cindy Bower
3.3 STREET ADDRESS C/O 14835 SE 85 ST
3.4 CITY-ST-ZIP Oklawaha, FL 32179

☐ Change ☒ Addition

TITLE D
NAME Cindy Bower
STREET ADDRESS C/O 14835 SE 85 ST
CITY-ST-ZIP Oklawaha, FL 32179

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

William T. Baker

4/15/98

252-286-2733

CR2E037 (10/97)