

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 022 ****61.25

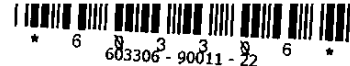
DOCUMENT # N97000002486

1. Corporation Name

THE FLORIDA CONSERVATION LODGE FOUNDATION, INC.

Principal Place of Business
14835 SE 85TH STREET
OCKLAWAHA FL 32179

Mailing Address
14835 SE 85TH STREET
OCKLAWAHA FL 32179



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 15330 S.E. 55th Place Rd.		26 15330 S.E. 55th Place Rd.		05/02/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3444098	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Ocklawaha, Florida		28 Ocklawaha, Florida		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 32179 25		29 32179 30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BAKER, WILLIAM T 14835 SE 85TH STREET OCKLAWAHA FL 32179				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 15330 S.E. 55th Place Road	
				84 City Ocklawaha FL 85 Zip Code 32179	

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 8/4/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, WILLIAM T	1.2 NAME	Baker, William T.
STREET ADDRESS	C/O 14835 SE 85TH STREET	1.3 STREET ADDRESS	c/o 15330 S.E. 55th Place Road
CITY-ST-ZIP	OCKLAWAHA FL 32179	1.4 CITY-ST-ZIP	Ocklawaha, Florida 32179
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOST, JOHN	2.2 NAME	Lewis, Robin
STREET ADDRESS	C/O 14835 SE 85TH STREET	2.3 STREET ADDRESS	c/o 15330 S.E. 55th Place Road
CITY-ST-ZIP	OCKLAWAHA FL 32179	2.4 CITY-ST-ZIP	Ocklawaha, Florida 32179
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWER, CINDY	3.2 NAME	Henderson, Clay
STREET ADDRESS	C/O 14835 SE 85TH STREET	3.3 STREET ADDRESS	c/o 15330 S.E. 55th Place Road
CITY-ST-ZIP	OCKLAWAHA FL 32179	3.4 CITY-ST-ZIP	Ocklawaha, Florida 32179
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Davidson, Ed
STREET ADDRESS		4.3 STREET ADDRESS	c/o 15330 S.E. 55th Place Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ocklawaha, Florida 32179
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Basilli, Gian
STREET ADDRESS		5.3 STREET ADDRESS	c/o 15330 S.E. 55th Place Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ocklawaha, Florida 32179
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Mindick, Robert
STREET ADDRESS		6.3 STREET ADDRESS	c/o 15330 S.E. 55th Place Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ocklawaha, Florida 32179

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, with all other like empowered.

SIGNATURE: REQUIRED William T. Baker 8/4/99 (352) 625-1947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #