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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
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DOCUMENT #

1. Corporation Name

N97000005691

VIVA CONSERVATION FOUNDATION, INC.

Principal Place of Business

1431 POINCIANA AVE.
FORT MYERS
FLORIDA 33901

Mailing Address

P.O. BOX 2031
FORT MYERS
FLORIDA 33902

3. Date Incorporated or Qualified
OCTOBER 8, 1997

4. FEI Number

65- 0795874

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

9. Name and Address of Current Registered Agent

SUSAN ANTHONY
1431 POINCIANA AVE.
Fort MYERS
FLORIDA 33901

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

10. Name and Address of New Registered Agent

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 617.0143 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE President/Director ☐ DELETE
NAME James H. McConnell
STREET ADDRESS 1195 Main Street
CITY-ST-ZIP Ft. Myers Beach, FL 33931

TITLE Vice Pres./Director ☐ DELETE
NAME Susan Anthony
STREET ADDRESS 1431 Poinciana Ave.
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE Exec. V.P./Director ☐ DELETE
NAME Robert Snibbe
STREET ADDRESS 5 Pelican Place
CITY-ST-ZIP Bellair, FL 34616

TITLE Sec. Treas./Director ☐ DELETE
NAME Jan Jack
STREET ADDRESS 8336 RIVIERA
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE Maren Francis - Director ☐ DELETE
NAME
STREET ADDRESS 112 S. Wilcox
CITY-ST-ZIP Castle Rock, Col. 80104

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002526938

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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:

James H. McConnell, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-98 941-463-2165

CR2E037 (10/97)