


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90016 050 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005691**

1. Corporation Name

**VIVA CONSERVATION FOUNDATION, INC.**

Principal Place of Business

1431 POINCIANA AVE  
FT MYERS FL 33901

Mailing Address

P.O. BOX 2031  
FT MYERS FL 33902



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/08/1997 4. FEI Number 65-0795874 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**ANTHONY, SUSAN**  
**1431 POINCIANA AVE**  
**FT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONNELL, JAMES H	1.2 NAME	
STREET ADDRESS	1195 MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, SUSAN	2.2 NAME	
STREET ADDRESS	1431 POINCIANA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE	EVPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIBBE, ROBERT	3.2 NAME	
STREET ADDRESS	5 PELICAN PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 34616	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, JAN	4.2 NAME	
STREET ADDRESS	8336 RIVIERA	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAREN, FRANCIS	5.2 NAME	
STREET ADDRESS	112 S. WILCOX	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASTLE ROCK CO 80104	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**  
Date: June 14, 1999  
Daytime Phone #: 941-463-2165

CR2E037 (11/98)