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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P31260

1. Corporation Name  
**EARTHJUSTICE LEGAL DEFENSE FUND, INC.**

Principal Place of Business  
 180 MONTGOMERY STREET SUITE 1400  
 SAN FRANCISCO CA 94104

Mailing Address  
 180 MONTGOMERY STREET SUITE 1400  
 SAN FRANCISCO CA 94104



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/06/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		94-1730465	
City & State		City & State		Applied For.	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GUEST, DAVID G. 111 S. MARTIN LUTHER KING, JR. BLVD. TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIGHBOR, BRUCE		1.2 NAME		
STREET ADDRESS	180 MONTGOMERY STREET, #1400		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		1.4 CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYBURN, CYNTHIA		2.2 NAME	R. Frederic Fisher	
STREET ADDRESS	P.O. BOX 3123 N/A		2.3 STREET ADDRESS	25 Euterpe Street	
CITY-ST-ZIP	BELLEVUE WA		2.4 CITY-ST-ZIP	Mill Valley, CA 94941	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, DANIEL B.		3.2 NAME		
STREET ADDRESS	P.O. BOX 1038 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	VAN NUYS CA		3.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, VAWTER		4.2 NAME		
STREET ADDRESS	180 MONTGOMERY ST, STE. 1400		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		4.4 CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, H. DONALD JR		5.2 NAME	Stephen R. McCarthy	
STREET ADDRESS	TWO EMBACADERO CENTER, STE. 2600		5.3 STREET ADDRESS	1430 NW 23rd	
CITY-ST-ZIP	SAN FRANCISCO CA		5.4 CITY-ST-ZIP	Portland, OR 97210	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWER, PAUL G.		6.2 NAME	Louise Gund	
STREET ADDRESS	333 S GRAND AVE		6.3 STREET ADDRESS	558 Santa Barbara Rd	
CITY-ST-ZIP	LOS ANGELES CA		6.4 CITY-ST-ZIP	Berkeley, CA 94707	

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: *Bruce Neighbor* SIGNATURE REQUIRED NEIGHBOR 1/5/99 415-627-6700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)