

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
 AND  
 FILED

1997 SEP 26 PM 12: 42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002484 (1)**  
 1. Corporation Name  
**LOXAHATCHEE PRESERVE NATURE CENTER, INC.**



Principal Place of Business 8764 NORTHLAKE BLVD. W PALM BEACH FL 32493	Mailing Address 8764 NORTHLAKE BLVD. W PALM BEACH FL 32493
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/06/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>8264 North Lake Blvd</b>	22. Mailing Address <b>8264 North Lake Blvd</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip <b>33412</b>	25. Country
29. Zip <b>33412</b>	30. Country

9. Name and Address of Current Registered Agent

**OLSON, W E**  
**200 SECOND STREET**  
**5TH FLOOR**  
**W PALM BEACH FL 33401**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLEASON, PAT	
STREET ADDRESS	1131 N. PALMWAY	
CITY-ST-ZIP	LAKE WORTH FL 33480	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AXELSEN, ELLEN	
STREET ADDRESS	139 S.E. 7TH AE. #5	
CITY-ST-ZIP	PALM BEACH FL 33483	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLLINS, TERRI	
STREET ADDRESS	802 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BASS, STEVEN	
STREET ADDRESS	1801 NORTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, ROY	
STREET ADDRESS	3301 GUNCLUB ROAD	
CITY-ST-ZIP	W PALM BEACH FL 33406	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIVERS, JODI	
STREET ADDRESS	6 TURTLE CREEK DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D Allen Trefry</b>
6.3 STREET ADDRESS	<b>14939 Palmwood Road</b>
6.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>

**600002306566-1**  
**-09/29/97-01148-017**  
**\*\*\*\*245.00 \*\*\*\*245.00**

14. I do 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.

CR2E037 (4/97)