

FILE NOW: FILING FEE IS \$61.25

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Mar 09 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 # N96000002484 (1)
1. Corporation Name
LOXAHATCHEE PRESERVE NATURE CENTER, INC.



Principal Place of Business 8264 NORTHLAKE BLVD. W PALM BEACH FL 33412	Mailing Address 8264 NORTHLAKE BLVD. W PALM BEACH FL 33412
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3. Date incorporated or Qualified 05/06/1996	
4. FEI Number 65-0675469 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
6. 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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	President	<input type="checkbox"/> DELETE
NAME	GLEASON, PAT	
STREET ADDRESS	1131 N. PALMWAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	AXELSEN, ELLEN	
STREET ADDRESS	139 S.E. 7TH AE. #5	
CITY-ST-ZIP	PALM BEACH FL 33483	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, TERRI	
STREET ADDRESS	802 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	LAKE WORTH FL 33480	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	BASS, STEVEN	
STREET ADDRESS	1801 NORTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KING, ROY	
STREET ADDRESS	3301 GUNCLUB ROAD	
CITY-ST-ZIP	W PALM BEACH FL 33406	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	TREFRY, ALLEN	
STREET ADDRESS	14939 PALMWOOD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pat Gleason's Zip is 33460
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	Andrea Gilmore
2.4 CITY-ST-ZIP	526 Riverside Drive Palm Bk Gardens, Florida 33410
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Treasurer
3.3 STREET ADDRESS	Mimi Stein
3.4 CITY-ST-ZIP	800 North Olive Avenue W. Palm Beach, FL 33401
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Mrs Meg Gale
5.4 CITY-ST-ZIP	1726 North Lakeside Drive Lake Worth, FL 33460
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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: Patricia Gleason 2-9-98 561-689333F

CR2E037 (10/97)