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Secretary of State

03-04-1999 90210 037 ****61.25

UNPROCESSED

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002484

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/06/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0675469
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OLSON, W E 200 SECOND STREET 5TH FLOOR W PALM BEACH FL 33401		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 617.0502 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	P GLEASON, PAT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEASON, PAT	1.2 NAME	
STREET ADDRESS	1131 N. PALMWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	
TITLE	SD GILMORE, ANDREA <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, ANDREA	2.2 NAME	
STREET ADDRESS	526 RIVERSIDE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY-ST-ZIP	
TITLE	TD STEIN, MIMI <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, MIMI	3.2 NAME	
STREET ADDRESS	800 N OLIVE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	VP BASS, STEVEN <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, STEVEN	4.2 NAME	
STREET ADDRESS	1801 NORTH OCEAN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP	
TITLE	D GALE, MEG <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALE, MEG	5.2 NAME	
STREET ADDRESS	1726 N LAKESIDE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	5.4 CITY-ST-ZIP	
TITLE	D TREFRY, ALLEN <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREFRY, ALLEN	6.2 NAME	
STREET ADDRESS	14939 PALMWOOD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	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 2-17-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)