

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2006
Secretary of State**

DOCUMENT# N96000002484

Entity Name: LOXAHATCHEE PRESERVE NATURE CENTER, INC.

Current Principal Place of Business:

8264 NORTHLAKE BLVD.
W PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

1764 N. CONGRESS AVENUE
STE. 200
W. PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0675469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDEN, KENNETH
1000 45TH ST
W PALM BEACH, FL US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WERTEPNY, ALAN
Address: 17146 67TH COURT N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD () Delete
Name: STEIN, MIMI
Address: 1764 N. CONGRESS AVENUE, STE. 200
City-St-Zip: W PALM BEACH, FL 33409

Title: D () Delete
Name: GALE, MEG
Address: 1726 N LAKESIDE DR
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: TREFRY, ALLEN
Address: 14939 PALMWOOD ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIMI STEIN

Electronic Signature of Signing Officer or Director

TREA

01/21/2006

Date