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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **718712** **(3)**

1. Corporation Name

CALUSA NATURE CENTER AND PLANETARIUM, INC.

Principal Place of Business	Mailing Address
3450 ORTIZ AVENUE FORT MYERS FL 33905 US	P. O. BOX 60023 FORT MYERS FL 33906 US

3. Date Incorporated or Qualified: 06/18/1970

4. FEI Number: 23-7090889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BECKMAN, SUSAN E.
7319 SEAN LANE
NORTH FORT MYERS FL 33917

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	APPEL, STEVE		1.2 NAME	TAYLOR, KATHLEEN	
STREET ADDRESS	12800 UNIVERSITY DR #400		1.3 STREET ADDRESS	P.O. Box 2529 (N/A)	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BECKMAN, SUSAN		2.2 NAME		
STREET ADDRESS	7319 SEAN LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	1VPD	☐ Change ☒ Addition
NAME	WHITESMAN, GUY		3.2 NAME	PAGE, DOUG	
STREET ADDRESS	P O BOX 280 N/A		3.3 STREET ADDRESS	PO Box 60024 (N/A)	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	FT. MYERS, FL 33906	
TITLE	1VPD	☐ DELETE	4.1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	BUTLER, CAREY		4.2 NAME	BUTLER, CAREY	
STREET ADDRESS	1625 HENDRY ST		4.3 STREET ADDRESS	1625 HENDRY ST	
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP	FM 33901	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	RICHTER, SUZANNE		5.2 NAME	RIPPE, J ACOVE	
STREET ADDRESS	17595 S TAMIAMI TR #200		5.3 STREET ADDRESS	2301 McGREGOR BLVD	
CITY-ST-ZIP	FORT MYERS FL		5.4 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: S E Beckman S E Beckman 1/20/98 941-275-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #