FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90008 029 *****8.75
03-17-1999 90008 030 ****61.25

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DOCUMENT # 718712

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

2. Principal Place of Business 21	2a. Mailing Address 26 3450 Ortiz Avenue	3. Date Incorporated or Qualifed 06/18/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7090889 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33905 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	Treasurer	☑ Change ☐ Addition
NAME	TAYLOR, KATHLEEN		1.2 NAME		
STREET ADDRESS	P.O. BOX 2529 N/A		1.3 STREET ADDRESS	2017 McGregor Blvd.	
CITY-ST-ZIP	FORT MYERS FL 33901		1.4 CITY-ST-ZIP		
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	FVPD	☐ DELETE	3.1 TITLE	President	☑ Change ☐ Addition
NAME	PAGE, DOUG		3.2 NAME		
STREET ADDRESS	P.O. BOX 60024 N/A		3.3 STREET ADDRESS	2350 Prunet Lane	
CITY-ST-ZIP	FT MYERS FL 33906		3.4 CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	PD	☑ DELETE	4.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	BUTLER, CAREY		4.2 NAME	Wayne Hatter	
STREET ADDRESS	1625 HENDRY ST		4.3 STREET ADDRESS	4980 Bayline Drive	
CITY-ST-ZIP	FORT MYERS FL 33901		4.4 CITY-ST-ZIP	North Fort Myers, FL 33911	
TITLE	SD	☐ DELETE	5.1 TITLE	First Vice President	☑ Change ☐ Addition
NAME	RIPPE, JACQUE		5.2 NAME		
STREET ADDRESS	2301 MCGREGOR BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901		5.4 CITY-ST-ZIP		
TITLE	Second Vice President	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Charles Massie		6.2 NAME		
STREET ADDRESS	12065 Metro Parkway, Suite 101		6.3 STREET ADDRESS		
CITY-ST-ZIP	Fort Myers, FL 33912		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Susan E Beckman Susan E Beckman 1-20 99 941-275-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #