

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90042 045 ****61.25

DOCUMENT # 718712

1. Entity Name

CALUSA NATURE CENTER AND PLANETARIUM, INC.



Principal Place of Business

3450 ORTIZ AVENUE
FORT MYERS FL 33905
US

Mailing Address

3450 ORTIZ AVE
FORT MYERS FL 33705
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMONIK, MICHAEL
3450 ORTIZ AVENUE
FORT MYERS FL 33905

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Michael Simonik, Executive Director* 2/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILGENDORF, MARAN 15601 RAMUSSEN RD PUNTA GORDA FL 33982	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, HOLLY P O BOX 398 FORT MYERS FL 33902	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOWLER, ROBERT-JR 10181 SIX MILE CYPRESS PKWY SUITE C FORT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Michael Simonik 3450 Ortiz Ave Fort Myers FL 33905	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Michael Simonik* Michael Simonik 3/1/04 239-275-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #