


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 718712</b>		
1. Entity Name <b>CALUSA NATURE CENTER AND PLANETARIUM, INC.</b>		
Principal Place of Business <b>3450 ORTIZ AVENUE FORT MYERS, FL 33905 US</b>	Mailing Address <b>3450 ORTIZ AVE FORT MYERS, FL 33705 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		



07172007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>23-7090889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LEWALLEN, SANDERS 3450 ORTIZ AVENUE FORT MYERS, FL 33905</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXED LEWALLEN, SANDERS 2450 ORTIZ AVE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POOLE, PEGGY PO BOX 1668 FORT MYERS, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, CHUCK 12751 SOUTH CLEVELAND AVE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/03/07-80002-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 517, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #