

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735127 (3)

1. Corporation Name

INSTITUTE FOR CULTURAL ECOLOGY OF THE TROPICS, I
NC.



Principal Place of Business

Mailing Address

501 E. KENNEDY BLVD., SUITE 1400
P.O. BOX 3324
TAMPA FL 33601

501 E. KENNEDY BLVD., SUITE 1400
P.O. BOX 3324
TAMPA FL 33601

3. Date Incorporated or Qualified
03/04/1976

3a. Date of Last Report
08/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1713384

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYAL, LUCIUS M., JR.
501 E. KENNEDY BLVD., SUITE 1400
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	P	WILKERSON, S. JEFFREY K.	<input checked="" type="checkbox"/> DELETE
NAME		STE.1400,501 E. KENNEDY	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	TD	WILKERSON, S. JEFFREY K.	<input type="checkbox"/> DELETE
NAME		STE.1400,501 E. KENNEDY	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	SD	DYAL, LUCIUS M. (JR.)	<input type="checkbox"/> DELETE
NAME		501 E KENNEDY, STE 1400	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1.1 TITLE	PD	WILKERSON, S. JEFFREY K.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		STE. 1400, 501 E. KENNEDY	
1.3 STREET ADDRESS		TAMPA, FL	
1.4 CITY-ST-ZIP			
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lucius M. Dyal, Jr. LUCIUS M. DYAL, JR. 5/30/96 (813) 273-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)