

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**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90016 023 \*\*\*\*61.25

**DOCUMENT # 735127**

1. Corporation Name

**INSTITUTE FOR CULTURAL ECOLOGY OF THE TROPICS, I  
NC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/04/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1713384

Applied For

☒ Not Applicable

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  
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 PD  
NAME WILKERSON, S. JEFFREY K.  
STREET ADDRESS STE.1400,501 E. KENNEDY  
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE TD  
NAME WILKERSON, S. JEFFREY K.  
STREET ADDRESS STE.1400,501 E. KENNEDY  
CITY-ST-ZIP TAMPA FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE SD  
NAME DYAL, LUCIUS M. (JR.)  
STREET ADDRESS 501 E KENNEDY, STE 1400  
CITY-ST-ZIP TAMPA FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)