

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # 753095 (9)
1. Corporation Name

GUMBO LIMBO NATURE CENTER OF SOUTH PALM BEACH COUNTY, INC.



Principal Place of Business: **1801 N OCEAN BLVD BOCA RATON FL 33432**
Mailing Address: **1801 N OCEAN BLVD BOCA RATON FL 33432**

3. Date Incorporated or Qualified: **06/24/1980**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

4. FEI Number: **59-2015726**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GILBERT, GORDON J
1332 SW 12TH AVE
33432**

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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDY, LINDA	1.2 NAME	
STREET ADDRESS	4869 N.W. 2ND TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFENS, HANK K	2.2 NAME	
STREET ADDRESS	658 BERKLET ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASS, STEVE	3.2 NAME	Lutz, Bart
STREET ADDRESS	4098 MEADOWGREEN TRAIL	3.3 STREET ADDRESS	2003 N. Ocean Blvd
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, HERS	4.2 NAME	Raynor, Jane
STREET ADDRESS	8000 S OCEAN BVD	4.3 STREET ADDRESS	3310 S. Ocean Blvd
CITY-ST-ZIP	HIGHLAND BCH FL	4.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDS, NANE	5.2 NAME	Leeds, Nancy
STREET ADDRESS	804 SW 9TH AVE	5.3 STREET ADDRESS	7258 Monticco Dr.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, LINDA	6.2 NAME	400001857204
STREET ADDRESS	1031 NW 4TH ST	6.3 STREET ADDRESS	-06/11/96--01008--001
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	***70.00

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: Linda Davidson LINDA C. DAVIDSON 4/26/96 (407) 393-7736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)