

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753095 (9)

1. Corporation Name
**GUMBO LIMBO NATURE CENTER OF SOUTH PALM BEACH CO
 UNTY, INC.**



Principal Place of Business 1801 N OCEAN BLVD BOCA RATON FL 33432	Mailing Address 1801 N OCEAN BLVD BOCA RATON FL 33432-1946
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3. Date Incorporated or Qualified 06/24/1980	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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

9. Name and Address of Current Registered Agent

**GILBERT, GORDON J
 1332 SW 12TH AVE
 BOCA RATON FL 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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	STURDY, LINDA
STREET ADDRESS	4869 N.W. 2ND TERR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	STEFFENS, HANK K
STREET ADDRESS	658 BERKLET ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LUTZ, BERT
STREET ADDRESS	2003 N. OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D <input type="checkbox"/> DELETE
NAME	RAYNOR, JANE
STREET ADDRESS	3310 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL 33487
TITLE	S <input type="checkbox"/> DELETE
NAME	LEEDS, NANCY
STREET ADDRESS	7258 MONTRICO DR.
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	TD <input type="checkbox"/> DELETE
NAME	DAVIDSON, LINDA
STREET ADDRESS	1031 NW 4TH ST
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 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.

SIGNATURE: *Linda Davidson* **LINDA DAVIDSON** 4/30/97 (561) 393-7736

CFR2E037 (9/96)