
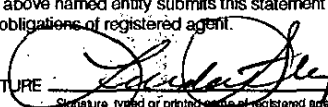
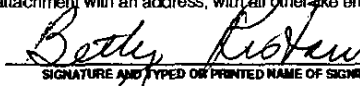


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90193 025 ****61.25

DOCUMENT # 753095					
1. Entity Name GUMBO LIMBO NATURE CENTER OF SOUTH PALM BEACH COUNTY, INC.					
Principal Place of Business 1801 N OCEAN BLVD BOCA RATON, FL 33432 US		Mailing Address 1801 N OCEAN BLVD BOCA RATON, FL 33432 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2015726	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILBERT, GORDON J 1332 SW 12TH AVE BOCA RATON, FL 33432			Name Linda Sturdy		
			Street Address (P.O. Box Number is Not Acceptable) 4869 N. W. 2nd Ave.		
			City Boca Raton		
			FL Zip Code 33431		
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 			DATE 4/23/04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STURDY, LINDA	NAME			
STREET ADDRESS	4869 N.W. 2ND TERR.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RISTAU, BETTY	NAME			
STREET ADDRESS	12609 MAYPAN DRIVE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIRE, JUDY	NAME			
STREET ADDRESS	23121 VIA STEL	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAYNOR, JANE	NAME			
STREET ADDRESS	3310 S. OCEAN BLVD.	STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEEDS, NANCY	NAME			
STREET ADDRESS	7258 MONTRICO DR.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIDSON, LINDA	NAME			
STREET ADDRESS	1031 NW 4TH ST	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP			
12. 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 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 617, 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: 		Betty Ristau		4/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 561-338-1473	