

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2005
Secretary of State**

DOCUMENT# 753095

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

Current Principal Place of Business:

1801 N OCEAN BLVD
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

1801 N OCEAN BLVD
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 59-2015726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STURDY, LINDA
4869 NW 2ND AVE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STURDY, LINDA,
Address: 4869 N.W. 2ND TERR.
City-St-Zip: BOCA RATON, FL

Title: VP () Delete
Name: RISTAU, BETTY
Address: 12609 MAYPAN DRIVE
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: GIRE, JUDY
Address: 23121 VIA STEL
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: RAYNOR, JANE
Address: 3310 S. OCEAN BLVD.
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: S () Delete
Name: LEEDS, NANCY
Address: 7258 MONTRICO DR.
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: DAVIDSON, LINDA,
Address: 1031 NW 4TH ST
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA STURDY

P

01/04/2005

Electronic Signature of Signing Officer or Director

Date