2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753095

FILED Jan 04, 2008 Secretary of State

Entity Name: GUMBO LIMBO NATURE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 1801 N OCEAN BLVD BOCA RATON, FL 33432 US **Current Mailing Address: New Mailing Address:** 1801 N OCEAN BLVD BOCA RATON, FL 33432 US FEI Number: 59-2015726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIRE, JUDITH M 23121 VIA STEL BOCA RATON, FL 33433 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GIRE, JUDITH M, Name: Name: 23121 VIA STEL Address: Address: BOCA RATON, FL 33433 City-St-Zip: City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition BEGUN, SANFORD Name: PEEL, MICHELE Name: Address: 299 NW 52ND TERR APT, PHQ Address: 7391 NE 8 CT City-St-Zip: BOCA RATON, FL 33487 US City-St-Zip: BOCA RATON, FL 33487 US Title: TRES () Delete Title: **TRES** (X) Change () Addition CHAPPELL, JOHN C COMOGLIO, SUE Name: Name: Address: 7425 SILVER WOODS CT. Address: 527 NW 39 AVE City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: DEERFIELD BEACH, FL 33442 Title: () Delete Title: () Change () Addition Name: MERRIS, DORA Name: Address: 1085 W. CAMINO REAL Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: () Change () Addition SAVAGE, ALINE Name: Name: 5280 NW 2ND AVE. #212 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: () Delete Title: () Change () Addition GILBERT, GORDON J Name: Name: Address: 1332 SW 12 AVE Address: BOCA RATON, FL 33486 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JUDITH M. GIRE P 01/04/2008