

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006707

1. Entity Name
THE NATURE FOUNDATION, INC.



Principal Place of Business
**C/O DOANE & DOANE PA
2000 PGA BLVD, STE 4410
NORTH PALM BEACH, FL 33408**

Mailing Address
**C/O DOANE & DOANE PA
2000 PGA BLVD, STE 4410
NORTH PALM BEACH, FL 33408**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOANE, REBECCA G
C/O DOANE & DOANE, PA
2000 PGA BLVD STE 4410
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOBURN, THEODORE G 2015 LA PORTE DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRITTENDEN, ELLEN H 2366 WILSEE ROAD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANE, LENI 1050 GRAND BAHAMA SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOANE, REBECCA G C/O JONES, FOSTER, P.O. BOX 3475 N/A WEST PALM BEACH, FL 334023475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEATON, JANET 11910 TORREYANNA CIRCLE WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOCHT, LYNN M WATTERSON HYLAND, 4100 RCA BLVD, #100 PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06 3066560200
Date Daytime Phone #