

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005197

1. Entity Name
CLASSROOM NATURE, INC.



Principal Place of Business

**6101 NW 54TH WAY
GAINESVILLE, FL 32653**

Mailing Address

**6101 NW 54TH WAY
GAINESVILLE, FL 32653**



02012006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
73-1650926

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPLICAL, CATHY
6101 NW 54TH WAY
GAINESVILLE, FL 32653**

**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	D
NAME	SPLICAL, CATHY
STREET ADDRESS	6101 NW 54TH WAY
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D
NAME	JACKSON, KRISTINA
STREET ADDRESS	1024 NW 13TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	SD
NAME	PALMI, SALLY
STREET ADDRESS	PO BOX 2882
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000432089
02/23/06-80055-015 61.25

**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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2-9-06 352-372-113