


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90168 030 \*\*\*\*70.00

DOCUMENT # N04000007100					
1. Entity Name <b>THE NATURE PARK ENVIRONMENTAL EDUCATION FOUNDATION, INC.</b>					
Principal Place of Business <b>8359 BEACON BLVD FT MYERS, FL 33907</b>			Mailing Address <b>8359 BEACON BLVD FT MYERS, FL 33907</b>		
2. Principal Place of Business <b>2787 N TAMIAHI TRL</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 6966</b> Suite, Apt. #, etc.			
City & State <b>N. FT MYERS, FL</b>		City & State <b>FT MYERS, FL</b>		4. FEI Number <b>38-3707022</b>	
Zip <b>33903</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRONIN, THOMAS R SR 8359 BEACON BLVD FT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2787 N. TAMIAHI TRL</b> City <b>N. FT MYERS</b> <b>FL</b> Zip Code <b>33903</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CRONIN, THOMAS SR</b> <b>8359 BEACON BLVD</b> <b>FT MYERS, FL 33907</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2787 N. TAMIAHI TRL.</b> <b>N FT MYERS, FL 33903</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUNMIRE, PAMELA</b> <b>8359 BEACON BLVD</b> <b>FT MYERS, FL 33907</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CRONIN, PAMELA</b> <b>2787 N. TAMIAHI TRL</b> <b>N. FT. MYERS, FL 33903</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Thomas R Cronin</i> THOMAS R. CRONIN SR, CHAIR. 4/25/06 239955-2141</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X 117					

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