

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 SEP 26 PM 12: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000002484 (1)**

1. Corporation Name

LOXAHATCHEE PRESERVE NATURE CENTER, INC.

Principal Place of Business

**8764 NORTHLAKE BLVD.
W PALM BEACH FL 32493**

Mailing Address

**8764 NORTHLAKE BLVD.
W PALM BEACH FL 32493**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/06/1996

3a. Date of Last Report

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8264 North Lake Blvd

Suite, Apt. #, etc.

City & State

24 Zip 33412

Country

2a. Mailing Address

26 8264 Northlake Blvd

Suite, Apt. #, etc.

City & State

28 Zip 33412

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLSON, W E
200 SECOND STREET
5TH FLOOR
W PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GLEASON, PAT**
STREET ADDRESS **1131 N. PALMWAY**
CITY-ST-ZIP **LAKE WORTH FL 33480**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **AXELSEN, ELLEN**
STREET ADDRESS **139 S.E. 7TH AVE. #5**
CITY-ST-ZIP **PALM BEACH FL 33483**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **COLLINS, TERRI**
STREET ADDRESS **802 S. FEDERAL HIGHWAY**
CITY-ST-ZIP **LAKE WORTH FL 33460**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **BASS, STEVEN**
STREET ADDRESS **1801 NORTH OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL 33432**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KING, ROY**
STREET ADDRESS **3301 GUNCLUB ROAD**
CITY-ST-ZIP **W PALM BEACH FL 33406**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **RIVERS, JODI**
STREET ADDRESS **6 TURTLE CREEK DRIVE**
CITY-ST-ZIP **TEQUESTA FL 33469**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)