

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001582

FILED
Mar 17, 2008
Secretary of State

Entity Name: INSTITUTE FOR TROPICAL ECOLOGY AND CONSERVATION, INC.

Current Principal Place of Business:

1023 SW 2ND AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1023 SW 2ND AVE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3434081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICK, HOWARD
4010 NW 25TH PLACE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LAHANAS, PETER N
Address: 1023 SW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: ST () Delete
Name: FIELDS, CATHY A
Address: 2911 NW 40TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: TWAY, MARK G
Address: 3601 WALLEYE WAY
City-St-Zip: ROUND ROCK, TX 78664

Title: D () Delete
Name: BEULIG, ALFRED
Address: DIVISION OF NATURAL SCIENCE, NEW COLLEGE
City-St-Zip: SARASOTA, FL 34342

Title: D () Delete
Name: SAUTHER, MICHELLE L
Address: DEPT. OF ANTHROPOLOGY, UNIV. OF COLORADO
City-St-Zip: BOULDER, CO 80309

Title: D (X) Delete
Name: JONES, THOMAS R
Address: DEPT. OF BIOLOGY, GRAND CANYON UNIVERSITY
City-St-Zip: PHOENIX, AZ 85017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BUELIG, ALFRED
Address: DIVISION OF NATURAL SCIENCE, NEW COLLEGE
City-St-Zip: SARASOTA, FL 34342

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CATHY A. FIELDS

ST

03/17/2008

Electronic Signature of Signing Officer or Director

Date