

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90007 009 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N97000003240

1. Corporation Name  
 CEIBA, THE Foundation For Tropical Conservation, Inc ✓

563982 - 90007 - 9

Principal Place of Business Mailing Address  
 602 S. MAIN ST., SUITE H ROOM 9  
 GAINESVILLE, FL 32601

21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		JUNE 2, 1997	4.	FEI Number
22	City & State	27	City & State				Applied For
	Zip		Zip				Not Applicable
23	Country	28	Country	5.	Certificate of Status Desired	NO	\$8.75 Additional Fee Required
		29		6.	Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24		30			Trust Fund Contribution		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAN SENDZIMIR 562 NE 2 <sup>nd</sup> AVE GAINESVILLE, FL 32601				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	JOE E. MEISEL
STREET ADDRESS		1.3 STREET ADDRESS	2319 N. CLEVELAND
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	CATHERINE WOODWARD
STREET ADDRESS		2.3 STREET ADDRESS	5612 LAKE MENDOTA DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MADISON, WI 53705
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	JAN SENDZIMIR
STREET ADDRESS		3.3 STREET ADDRESS	562 NE 2 <sup>nd</sup> AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Joe E. Meisel (JOE E. MEISEL) Date: 5/19/99 Daytime Phone #: (608)877-8323

CR2E037 (11/98)