

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2005
Secretary of State**

DOCUMENT# N97000003240

Entity Name: CEIBA FOUNDATION FOR TROPICAL CONSERVATION, INC.

Current Principal Place of Business:

2319 N. CLEVELAND
CHICAGO, IL 60614

New Principal Place of Business:

Current Mailing Address:

2319 N. CLEVELAND
CHICAGO, IL 60614

New Mailing Address:

FEI Number: 31-1565636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODWARD, MARILYN
431 SE 3RD STREET
BLDG 304
DANIA BEACH, FL 33004 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: VDT () Delete
Name: MEISEL, JOE E
Address: 513 BOWMAN AVE.
City-St-Zip: MADISON, WI 53716

Title: PDS () Delete
Name: WOODWARD, CATHERINE
Address: 513 BOWMAN AVE.
City-St-Zip: MADISON, WI 53716

Title: D () Delete
Name: SENDZIMIR, JAN
Address: ROSSAUER LENDE 25/A
City-St-Zip: VIENNA, AUSTRIA, NA A1090

Title: D () Delete
Name: NAVARRO, MONICA
Address: ANTONIO GRANDA CENTENO
City-St-Zip: QUITO, ECUADOR, NA 1306

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHERINE L. WOODWARD

PDS

01/13/2005

Electronic Signature of Signing Officer or Director

Date