

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003240

FILED
Jan 07, 2010
Secretary of State

Entity Name: CEIBA FOUNDATION FOR TROPICAL CONSERVATION, INC.

Current Principal Place of Business:

1202 WILLIAMSON ST.
MADISON, WI 53703

New Principal Place of Business:

Current Mailing Address:

1202 WILLIAMSON ST.
MADISON, WI 53703

New Mailing Address:

FEI Number: 31-1565636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: VDS
Name: MEISEL, JOE E
Address: 513 BOWMAN AVE.
City-St-Zip: MADISON, WI 53716

Title: PDT
Name: WOODWARD, CATHERINE
Address: 513 BOWMAN AVE.
City-St-Zip: MADISON, WI 53716

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

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

Title: D
Name: WEBSTER, STEVEN
Address: 1414 LAKE VIEW AVE.
City-St-Zip: MADISON, WI 53704

Title: D
Name: WEBSTER, SUSAN
Address: 1414 LAKE VIEW AVE.
City-St-Zip: MADISON, WI 53704

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE L. WOODWARD

PDT

01/07/2010

Electronic Signature of Signing Officer or Director

Date