

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003240

FILED  
Jan 23, 2012  
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 (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: 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: NAUGHTON, LISA  
Address: 1202 WILLIAMSON ST  
City-St-Zip: MADISON, WI 53703

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 WOODWARD

PDT

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date