#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006707

Entity Name: THE NATURE FOUNDATION, INC.

FILED
Mar 10, 2021
Secretary of State
6434373345CC

Certificate of Status Desired: No

### **Current Principal Place of Business:**

C/O FRIENDS OF MACARTHUR BEACH STATE PARK 10900 JACK NICKLAUS DRIVE NORTH PALM BEACH, FL 33408

### **Current Mailing Address:**

C/O FRIENDS OF MACARTHUR BEACH STATE PARK 10900 JACK NICKLAUS DRIVE NORTH PALM BEACH, FL 33408 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

BROZOST, MICHAEL 100 LAKESHORE DR. APT 851

NORTH PALM BEACH, FL 33408 US

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: MICHAEL BROZOST 03/10/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleTRUSTEETitleCHAIRMAN, TRUSTEENameTHOBURN, THEODORENameBROZOST, MICHAELAddress184 FLORENCE DRIVEAddress100 LAKESHORE DRIVE

APT. 851

City-State-Zip: JUPITER FL 33458

City-State-Zip: NORTH PALM BEACH FL 33408

Title VICE CHAIR, TRUSTEE

Name ENGELBRECHT, MICHAEL H

Name MILLER, EDITH D.

Address 3055 SE DOUBLETON DRIVE

Address 11279 OLD HARBOR ROAD
City-State-Zip: STUART FL 34997

City-State-Zip: STOAKT TE 34997 City-State-Zip: NORTH PALM BEACH FL 33408

Title TRUSTEE Title TREASURER, TRUSTEE
Name HICKEY, COLIN

Address 110 FAIRVIEW E Name MURRAY, SUSAN

Address 159 PROMENADE WAY

City-State-Zip: TEQUESTA FL 33469

City-State-Zip: JUDITED FL 33469

ity-State-Zip: TEQUESTA FL 33469 City-State-Zip: JUPITER FL 33458

Title TRUSTEE Title TRUSTEE

NameMARIANNE, GOLDNameFARR, LATIMERAddress379 EAGLE DRIVEAddress1102 VENETIAN BLVD

City-State-Zip: JUPITER FL 33477 City-State-Zip: ISLAMORADA FL 33036

# Continues on page 2

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: MICHAEL BROZOST CHAIR 03/10/2021

# Officer/Director Detail Continued:

Title TRUSTEE

Name JORDAN, PETER

Address 8145 SE RED ROOT WAY

City-State-Zip: JUPITER FL 33458