

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005504

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** DAYTONA BEACH BUTTERFLY CONSERVATORY AND EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

111 N. ST. ANDREWS DRIVE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

111 N. ST. ANDREWS DRIVE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-3676516      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HERRERO, MELISSA  
111 N. ST. ANDREWS DRIVE  
ORMOND BEACH, FL 32174      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: D  
Name: ZIRKELBACH, RICHARD  
Address: 1420 NEW BELLEVUE ROAD #2001  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D  
Name: HERRERO, MELISSA  
Address: 111 N. ST. ANDREWS DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: RUTH BON FLEUR  
Address: 5750 SWEETWATER BOULEVARD  
City-St-Zip: PORT ORANGE, FL 32127

Title: D  
Name: CUNNINGHAM, JAMES  
Address: 4923 SAILFISH DR  
City-St-Zip: POCE INLET, FL 32127

Title: D  
Name: GREINER, GLENN  
Address: 1301 KILLBRICKEN CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: PEMBROKE, WILLIAM G C.P.A.  
Address: 1922 SE PORT ST. LUCIE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: MELISSA HERRERO

MRS.

05/01/2010

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

\_\_\_\_\_  
Date