

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008541

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** BABY OTTER SCHOLARSHIP AND EDUCATION FUND, INC.

**Current Principal Place of Business:**

6511 NOVA DRIVE  
#159  
DAVIE, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

6511 NOVA DRIVE  
#159  
DAVIE, FL 33317 US

**New Mailing Address:**

**FEI Number:** 42-1610189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARLENE, BLOOM  
6511 NOVA DRIVE  
#159  
DAVIE, FL 33317 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:** PTD  
**Name:** BLOOM, MARLENE  
**Address:** 6511 NOVA DRIVE, #159  
**City-St-Zip:** DAVIE, FL 33317 US

**Title:** D  
**Name:** DAWSON, ANDRE' D  
**Address:** 10601 S.W. 74 AVENUE  
**City-St-Zip:** MIAMI, FL 33156 US

**Title:** D  
**Name:** YORK, STACI F  
**Address:** 6511 NOVA DRIVE, #159  
**City-St-Zip:** DAVIE, FL 33317 US

**Title:** D  
**Name:** YORK, MINDY J D  
**Address:** 6511 NOVA DRIVE, #159  
**City-St-Zip:** DAVIE, FL 33317

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:** MARLENE R. BLOOM

D

04/28/2010

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

\_\_\_\_\_  
Date