

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004436

FILED
Feb 08, 2009
Secretary of State

Entity Name: NORTH AMERICAN SNAKE INSTITUTE INC.

Current Principal Place of Business:

3302 KING CHARLES CIRCLE
SEFFNER, FL 33584 US

New Principal Place of Business:

Current Mailing Address:

3302 KING CHARLES CIRCLE
SEFFNER, FL 33584 US

New Mailing Address:

FEI Number: 59-3214570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOFFMAN, YVONNE D DIRETOR
3302 KING CHARLES CIRCLE
SEFFNER, FL 33584 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: P () Delete
Name: ROSSI, JOHN V DMV
Address: 2641 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32203

Title: DT () Delete
Name: HOFFMAN, YVONNE D
Address: 3302 KING CHARLES CIRCLE
City-St-Zip: SEFFNER, FL 335846114 US

Title: VP () Delete
Name: BUTLER, JOSEPH A PH.D
Address: 4567 ST. JOHNS BLUFF ROAD, SOUTH
City-St-Zip: JACKSONVILLE, FL 322242645

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: YVONNE D. HOFFMAN

DT

02/08/2009

Electronic Signature of Signing Officer or Director

Date