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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006215 (7)**

1. Corporation Name

THE FLORIDA BAT CENTER, INC.



Principal Place of Business	Mailing Address
123 BOCA CIEGA DRIVE MADEIRA BEACH FL 33708	123 BOCA CIEGA DRIVE MADEIRA BEACH FL 33708

3. Date Incorporated or Qualified

12/19/1994

4. FEI Number

59-3291811

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKS, CYNTHIA S
123 BOCA CIEGA DRIVE
MADEIRA BEACH FL 33708**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKS, CYNTHIA S	
STREET ADDRESS	123 BOCA CIEGA DRIVE	
CITY - ST - ZIP	MADEIRA BEACH FL 33708	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KURZENBERGER, SARAH M	
STREET ADDRESS	11970 72ND WAY NORTH	
CITY - ST - ZIP	LARGO FL 33643	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	KERN, SARAH M	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	KERN, WILLIAM H JR.	
STREET ADDRESS	221 LAKE AVENUE N.E., APT. 803	
CITY - ST - ZIP	LARGO FL 33641	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS	11970 72ND WAY NORTH	
3.4 CITY - ST - ZIP	LARGO FL 33643	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKS, GEORGE E	
STREET ADDRESS	123 BOCA CIEGA DR.	
CITY - ST - ZIP	MADEIRA BEACH FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	D	
5.3 STREET ADDRESS	Gingerich, Dr. Jerry L.	
5.4 CITY - ST - ZIP	37475 Cleveland Ave.	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS	Punta Gorda, FL 33982	
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CYNTHIA S. MARKS** *Cynthia S. Marks* **4/10/98** **813-398-3027**

CR2E037 (10/97)