

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008541

FILED
Jul 15, 2004
Secretary of State**Entity Name:** BABY OTTER SCHOLARSHIP AND EDUCATION FUND, INC.**Current Principal Place of Business:**C/O FISHER LAWRENCE & MALOVE, P.A.
1125 NE 125TH ST SUITE 201
NORTH MIAMI, FL 33161**New Principal Place of Business:**2501 MARINA BAY DRIVE, WEST
201
FORT LAUDERDALE, FL 33312**Current Mailing Address:**C/O FISHER LAWRENCE & MALOVE, P.A.
1125 NE 125TH ST SUITE 201
NORTH MIAMI, FL 33161**New Mailing Address:**6511 NOVA DRIVE
#159
DAVIE, FL 33317**FEI Number:** 42-1610189**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAWRENCE, ROBERT A ESQ
FISHER LAWRENCE & MALOVE, P.A.
1125 NE 125TH ST SUITE 201
NORTH MIAMI, FL 33161 US**Name and Address of New Registered Agent:**GOLDBERG, MARK H ESQ
5400 S. UNIVERSITY DRIVE
SUITE 601
DAVIE, FL 33328 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: MARK H. GOLDBERG

07/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PTD () Delete
Name: BLOOM, MARLENE
Address: 2501 MARINA BAY DR #201
City-St-Zip: FT LAUDERDALE, FL 33312**Title:** VSD () Delete
Name: YORK, MINDY
Address: 1125 NE 125TH ST SUITE 201
City-St-Zip: NORTH MIAMI, FL 33161**Title:** D () Delete
Name: LAWRENCE, ROBERT
Address: 1125 NE 125TH ST SUITE 201
City-St-Zip: NORTH MIAMI, FL 33161**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VSD (X) Change () Addition
Name: YORK, MINDY
Address: 5400 S. UNIVERSITY DRIVE, #601
City-St-Zip: DAVIE, FL 33328**Title:** D (X) Change () Addition
Name: GOLDBERG, MARK H
Address: 5400 S. UNIVERSITY DRIVE, #601
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARLENE R. BLOOM

PTD

07/15/2004

Electronic Signature of Signing Officer or Director

Date