

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006215

FILED
Mar 16, 2009
Secretary of State

Entity Name: THE FLORIDA BAT CENTER, INC.

Current Principal Place of Business:

13910 GULF BLVD.
PH 2
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 516
BAY PINES, FL 33744 US

New Mailing Address:

FEI Number: 59-3291811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, CYNTHIA S
13910 GULF BLVD.
PH 2
MADEIRA BEACH, FL 33708 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 () Delete
Name: MARKS, CYNTHIA S
Address: 13910 GULF BLVD. PH 2
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: KERN, SARAH M
Address: 840 GARDENIA LN
City-St-Zip: PLANTATION, FL 33317

Title: DV () Delete
Name: KERN, WILLIAM H JR.
Address: 840 GARDENIA LN
City-St-Zip: PLANTATION, FL 33317

Title: DPT () Delete
Name: MARKS, GEORGE E
Address: 13910 GULF BLVD. PH 2
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: WALKER, ANN
Address: 504 CONSTITUTION DRIVE
City-St-Zip: TAMPA, FL 33613

Title: DS () Delete
Name: KIMBALL, POLLY
Address: 4950 HARDING ROAD
City-St-Zip: ST. PETERSBURG, FL 33709

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:

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: GEORGE MARKS

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date