

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006215

Entity Name: THE FLORIDA BAT CENTER, INC.**Current Principal Place of Business:**1526 PINWOOD STREET
CLEARWATER, FL 33755**Current Mailing Address:**PO BOX 516
BAY PINES, FL 33744 US**FEI Number:** 59-3291811**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARKS, CYNTHIA S
1526 PINWOOD STREET
CLEARWATER, FL 33755 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	KERN, SARAH M
Address	840 GARDENIA LN
City-State-Zip:	PLANTATION FL 33317
Title	DPT
Name	MARKS, GEORGE E
Address	1526 PINWOOD STREET
City-State-Zip:	CLEARWATER FL 33755
Title	DS
Name	KIMBALL, POLLY
Address	4950 HARDING ROAD
City-State-Zip:	ST. PETERSBURG FL 33709
Title	DIRECTOR
Name	BLISSETT-CLARK, SHARI
Address	1690 PINE ISLAND ROAD
City-State-Zip:	MERRITT ISLAND FL 32953

Title	DV
Name	KERN, WILLIAM HJR.
Address	840 GARDENIA LN
City-State-Zip:	PLANTATION FL 33317
Title	D
Name	STRAIN, ANGELA
Address	3767 SOMMERS STREET
City-State-Zip:	JACKSONVILLE FL 32205
Title	DIRECTOR
Name	CLIFTON, AMY
Address	2326 EDEN PARKWAY
City-State-Zip:	LAKELAND FL 33803
Title	DIRECTOR
Name	ARRISON, KEN
Address	6048 45TH AVENUE NO.
City-State-Zip:	ST. PETERSBURG FL 33709

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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: GEORGE MARKS**PRESIDENT****03/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DOUGLASS, NANCY
Address 1607 TOMAHAWK TRAIL
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name PRAGER, FRANCINE
Address 401 ROSERY ROAD
 APT. 301
City-State-Zip: LARGO FL 33770