2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006215

Entity Name: THE FLORIDA BAT CENTER, INC.

Current Principal Place of Business:

11234 N. SPRINGVALE TERRACE DUNNELLON. FL 34433

Current Mailing Address:

11234 N. SPRINGVALE TERRACE DUNNELLON, FL 34433 US

FEI Number: 59-3291811 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLISSETT-CLARK, SHARI L 11234 N. SPRINGVALE TERRACE DUNNELLON, FL 34433 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: SHARI BLISSETT-CLARK 01/04/2023

Electronic Signature of Registered Agent

Date

FILED Jan 04, 2023

Secretary of State

3011348263CC

Officer/Director Detail:

Title DIRECTOR, VP Title DIRECTOR

Name KERN, WILLIAM HJR. Name MARKS, GEORGE E

Address 840 GARDENIA LN Address 1526 PINEWOOD STREET

City-State-Zip: PLANTATION FL 33317 City-State-Zip: CLEARWATER FL 33755

TitleDIRECTORTitleDIRECTOR, PRESIDENTNameCLIFTON, AMYNameBLISSETT-CLARK, SHARI

Address 2326 EDEN PARKWAY Address 11234 N. SPRINGVALE TERRACE

City-State-Zip: LAKELAND FL 33803 City-State-Zip: DUNNELLON FL 34433

Title DIRECTOR, SECRETARY Title DIRECTOR, TREASURER

Name RODRIGUEZ, JESSICA Name BOZONE, DAN

Address 3240 SW 34TH STREET Address P.O. BOX 766

APT. 320

City-State-Zip: OCALA FL 34474

Title DIRECTOR

Name MILLER, LEAH Address 2500 ATLANTIC AVENUE

Address P.O. BOX 56 City-State-Zip: FERNANDINA BEACH FL 32034

City-State-Zip: EVERGLADES CITY FL 34139

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PALM CITY FL 34991

RUSSELL, KATHY

City-State-Zip:

Name

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: SHARI BLISSETT-CLARK PRESIDENT 01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name HORNER, ARIEL Name MAHONEY, HEATHER

Address 2075 GENOVA DRIVE Address 11234 N. SPRINGVALE TERRACE

City-State-Zip: OVIEDO FL 32765 City-State-Zip: DUNNELLON FL 34433