DOCUMENT	# N9400006215

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

## Name and Address of Current Registered Agent:

BLISSETT-CLARK, SHARI L 11234 N. SPRINGVALE TERRACE DUNNELLON, FL 34433 US

SIGNATURE	SHARI BLISSETT-CLARK				
	Electronic Signature of Registered Agent				
Officer/Direc	tor 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		
Title	DIRECTOR	Title	DIRECTOR, PRESIDENT		
Name	CLIFTON, AMY	Name	BLISSETT-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:	PALM CITY FL 34991		
City-State-Zip:	OCALA FL 34474				
Title	DIRECTOR	Title			
Name	MILLER, LEAH	Name			
Address	P.O. BOX 56	Address			
City-State-Zip:	EVERGLADES CITY FL 34139	City-State-Zip:	FERNANDINA BEACH FL 32034		
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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: SHARI BLISSETT-CLARK

PRESIDENT

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

#### **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