

**2024 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

02/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VP  
Name KERN, WILLIAM HJR.  
Address 840 GARDENIA LN  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name MARKS, GEORGE E  
Address 1526 PINEWOOD STREET  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name CLIFTON, AMY  
Address 2326 EDEN PARKWAY  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR, PRESIDENT  
Name BLISSETT-CLARK, SHARI  
Address 11234 N. SPRINGVALE TERRACE  
City-State-Zip: DUNNELLON FL 34433

Title DIRECTOR, SECRETARY  
Name RODRIGUEZ, JESSICA  
Address 3240 SW 34TH STREET  
APT. 320  
City-State-Zip: OCALA FL 34474

Title DIRECTOR, TREASURER  
Name BOZONE, DAN  
Address P.O. BOX 766  
City-State-Zip: PALM CITY FL 34991

Title DIRECTOR  
Name MILLER, LEAH  
Address P.O. BOX 56  
City-State-Zip: EVERGLADES CITY FL 34139

Title DIRECTOR  
Name RUSSELL, KATHY  
Address 2500 ATLANTIC AVENUE  
City-State-Zip: FERNANDINA BEACH FL 32034

**Continues on page 2**

*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

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                HORNER, ARIEL  
Address             2075 GENOVA DRIVE  
City-State-Zip:    OVIEDO FL 32765

Title                 DIRECTOR  
Name                MAHONEY, HEATHER  
Address             11234 N. SPRINGVALE TERRACE  
City-State-Zip:    DUNNELLON FL 34433