

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000392

FILED
Jan 19, 2009
Secretary of State

Entity Name: DOLPHIN CONSERVATION CENTER, INC.

Current Principal Place of Business:

9600 OCEANSHORE BLVD.
SAINT AUGUSTINE, FL 320808613

New Principal Place of Business:

Current Mailing Address:

9600 OCEANSHORE BLVD.
SAINT AUGUSTINE, FL 320808613

New Mailing Address:

FEI Number: 03-0379781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HURLEY, WILLIAM C
9600 OCEANSHORE BLVD.
SAINT AUGUSTINE, FL 320808613 US

Name and Address of New Registered Agent:

ALLEN, KURT
9600 OCEANSHORE BLVD.
SAINT AUGUSTINE, FL 320808613 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: KURT ALLEN

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACOBY, JAMES F
Address: 237 MARINE CENTER DR.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: HURLEY, WILLIAM C
Address: 9600 OCEANSHORE BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: HAMPP, CARL
Address: 241 MARINE CENTER DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: ROBERTS, KEVIN A
Address: 212 RAIN TREE TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: ROSENBERG, TERRAN
Address: 20214 HARBOUR VISTA CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: BIEDENBACH, GEORGE
Address: 9511 OCEANSHORE BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALLEN, KURT
Address: 9600 OCEANSHORE BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: MAGGIE JUST

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date