

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008541

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: BABY OTTER SCHOLARSHIP AND EDUCATION FUND, INC.

**Current Principal Place of Business:**

6511 NOVA DRIVE  
#159  
DAVIE, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

6511 NOVA DRIVE  
#159  
DAVIE, FL 33317 US

**New Mailing Address:**

FEI Number: 42-1610189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARLENE, BLOOM  
6511 NOVA DRIVE  
#159  
DAVIE, FL 33317 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: BLOOM, MARLENE  
Address: 6511 NOVA DRIVE, #159  
City-St-Zip: DAVIE, FL 33317 US

Title: D ( ) Delete  
Name: RONALD, EPSTEIN  
Address: 2501 MARINA BAY DRIVE WEST, #105  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: DAWSON, ANDRE' D  
Address: 10601 S.W. 74 AVENUE  
City-St-Zip: MIAMI, FL 33156 US

Title: D (X) Delete  
Name: YORK, STACI F  
Address: 6511 NOVA DRIVE, #159  
City-St-Zip: DAVIE, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: DAWSON, ANDRE' D  
Address: 10601 S.W. 74 AVENUE  
City-St-Zip: MIAMI, FL 33156 US

Title: D (X) Change ( ) Addition  
Name: YORK, STACI F  
Address: 6511 NOVA DRIVE, #159  
City-St-Zip: DAVIE, FL 33317 US

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: MARLENE BLOOM

PTD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date