

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005254

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** ISLAMORADA AND BAY INSTITUTE OF SCIENCE, INC.

**Current Principal Place of Business:**

171 TAMPA DR.  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

171 TAMPA DR.  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 20-5115122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LORENZ, LINDA  
171 TAMPA DR.  
TAVERNIER, FL 33070 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: D  
Name: LORENZ, LINDA  
Address: 171 TAMPA DR.  
City-St-Zip: TAVERNIER, FL 33070

Title: D  
Name: OBERHOFER, LORI  
Address: 480 SE 21ST LN.  
City-St-Zip: HOMESTEAD, FL 33033

Title: D  
Name: KIPP, JOHN  
Address: PO BOX 2010  
City-St-Zip: ISLAMORADA, FL 33036

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: LINDA C. LORENZ

D

01/19/2010

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

\_\_\_\_\_  
Date