

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010583

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** FRIENDS OF THE DOLPHIN RESEARCH CENTER, INC.

**Current Principal Place of Business:**

2975 OVERSEAS HIGHWAY  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

228 NOBLE CIR W  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 20-5764979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, ROBERT K ESQ  
2975 OVERSEAS HIGHWAY  
MARATHON, FL 33050 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 ( ) Delete  
Name: LAPPIN, PETER J  
Address: 46 NEPTUNE STREET  
City-St-Zip: BEVERLY, MA 01915

Title: D ( ) Delete  
Name: ZIMMERMAN, JOANNE T  
Address: 228 NOBLE CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: FLORENCE, CELIE M  
Address: 1509 HERMITAGE RD  
City-St-Zip: MANAKIN SABOT, VA 23103

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

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

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

Title: D (X) Change ( ) Addition  
Name: FLORENCE, CELIE M  
Address: 186 OCEAN BLVD  
City-St-Zip: SO SHORES, NC 27949

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: JOANNE T ZIMMERMAN

TREA

04/30/2008

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

\_\_\_\_\_  
Date