

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002149

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** THE FLORIDA BIODIVERSITY FOUNDATION, INC.

**Current Principal Place of Business:**

1717 NW 45TH AVE.  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

1717 NW 45TH AVE.  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

**FEI Number:** 20-8544212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EMMEL, THOMAS C  
1717 NW 45TH AVE  
GAINESVILLE, FL 32605 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: PD  
Name: EMMEL, THOMAS C PH.D.  
Address: 1717 NW 45TH AVE.  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D  
Name: DANIELS, JANET C PH.D.  
Address: 9861 SW 55TH ROAD  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D  
Name: MCGUIRE, WILLIAM W M.D.  
Address: 315 WOODHILL ROAD  
City-St-Zip: WAYZATA, MN 55391 US

Title: D  
Name: COTTER, ANTHONY J MR.  
Address: 6011 BLAKEFORD DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

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: THOMAS C. EMMEL

PD

01/30/2012

Electronic Signature of Signing Officer or Director

Date