

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000388

FILED
Apr 04, 2009
Secretary of State

Entity Name: BIODEMOGRAPHICS INSTITUTE, INC.

Current Principal Place of Business:

2112 EAST DELLVIEW DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1839
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELFER, KATHERINE M PHD
2112 EAST DELLVIEW DRIVE
TALLAHASSEE, FL 32303 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: SHELFER, KATHERINE M PHD
Address: 2112 EAST DELLVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: DIDIER, JOSEPH MBA
Address: 2112 EAST DELLVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: NGUY, JENNIFER A
Address: 2112 EAST DELLVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KATHERINE M. SHELFER

DR.

04/04/2009

Electronic Signature of Signing Officer or Director

Date