


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N08867					
1. Entity Name MARJORY STONEMAN DOUGLAS BISCAYNE NATURE CENTER, INC.					
Principal Place of Business 6767 CRANDON BLVD KEY BISCAYNE FL 33149 US			Mailing Address 6767 CRANDON BLVD KEY BISCAYNE FL 33149 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2549600				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DANON, SAM 1111 BRICKELL AVE STE 2500 MIAMI FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILGHMAN, JAMES B JR			NAME	
STREET ADDRESS	ONE SE 3RD AVE SUITE 3000			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, EHRICH			NAME	
STREET ADDRESS	601 BRICKELL KEY DR STE 600			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYER, KELLY			NAME	
STREET ADDRESS	3141 COMMERCE PARKWAY			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33025			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, MARK			NAME	
STREET ADDRESS	PO BOX 016960 D2-4			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33101			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNWEID, IAN			NAME	
STREET ADDRESS	25 W FLAGLER STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, CHARLES			NAME	
STREET ADDRESS	10450 SW 96 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP	



MOORE CR2E037 (11/03)

4. FEI Number **59-2549600** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theodora Long Executive Director* 1/22/04 305-361-6767 x11