

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08867

FILED
Mar 21, 2005
Secretary of State

Entity Name: MARJORY STONEMAN DOUGLAS BISCAYNE NATURE CENTER, INC.

Current Principal Place of Business:

6767 CRANDON BLVD
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

6767 CRANDON BLVD
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 59-2549600 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DANON, SAM
1111 BRICKELL AVE
STE 2500
MIAMI, FL 33131 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: P () Delete
Name: TILGHMAN, JAMES B JR
Address: ONE SE 3RD AVE SUITE 3000
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: GRAHAM, EHRICH
Address: 601 BRICKELL KEY DR STE 600
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: BAYER, KELLY
Address: 3141 COMMERCE PARKWAY
City-St-Zip: HOLLYWOOD, FL 33025

Title: T () Delete
Name: DIAZ, MARK
Address: PO BOX 016960 D2-4
City-St-Zip: MIAMI, FL 33101

Title: D () Delete
Name: SCHNWEID, IAN
Address: 25 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: MORRISON, CHARLES
Address: 10450 SW 96 TERRACE
City-St-Zip: MIAMI, FL 33176

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:

Title: () Change () Addition
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Address:
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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 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 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: THEODORA LONG

EX D

03/21/2005

Electronic Signature of Signing Officer or Director

Date