

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08867

FILED
Apr 27, 2009
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:

JAMES, TILGHMAN
ONE S. E. 3RD AVENUE
SUITE 3000
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: DIAZ, MARK
Address: PO BOX 016960 D2-4
City-St-Zip: MIAMI, FL 33101

Title: VP () Delete
Name: JAMES, KUSHLAN
Address: 121 KNOLLWOOD DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: TRUBY, FRED
Address: 7500 S. W. 63 AVENUE
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: STEVEN, HENRIQUEZ
Address: 6767 CRANDON BLVD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: SCHWEID, 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: P (X) Change () Addition
Name: KUSHLAN, JAMES A
Address: P. O. BOX 2008
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP (X) Change () Addition
Name: NARON, PAUL
Address: 2733 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: S (X) Change () Addition
Name: SORKIN, STEPHEN
Address: 4721 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

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

Title: ED (X) Change () Addition
Name: LONG, THEODORA
Address: 6767 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

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: THEODORA LONG

ED

04/27/2009

Electronic Signature of Signing Officer or Director

Date