

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 30 1998 8:00am
Secretary of State

DOCUMENT # N93000003705 (1)

1. Corporation Name

THE FLORIDA BIODIVERSITY PROJECT, INC.



Principal Place of Business

Mailing Address

8791 CORKSCREW RD
ESTERO FL 33928

P O BOX 116
ESTERO FL 33928

3. Date Incorporated or Qualified

08/16/1993

4. FEI Number

65-0441277

Applied For

Not Applicable

2. Principal Place of Business

21 7097 65 ST. N.

Suite, Apt. #, etc.

City & State

23 PINELLAS PARK, FL

Zip

24 33781

Country

25 USA

2a. Mailing Address

26 7097 65 ST. N.

Suite, Apt. #, etc.

City & State

28 PINELLAS PARK, FL

Zip

29 33781

Country

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROUNLEY, ROBERT A
7097 65TH ST. N
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

1 Name ROBERT BROUNLEY
2 Street Address (P.O. Box Number is Not Acceptable)
7097 65 ST. N.
3
4 City PINELLAS PARK FL 33781

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: ROBERT BROUNLEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9/5/98

12. OFFICERS AND DIRECTORS

TITLE P
NAME BROUNLEY, ROBERT
STREET ADDRESS 7097 65TH ST. N
CITY-ST-ZIP PINELLAS PARK FL 34665

☐ DELETE

TITLE D
NAME HUNT, BRIAN
STREET ADDRESS 8791 CORKSCREW RD
CITY-ST-ZIP ESTERO FL 33928

☐ DELETE

TITLE S
NAME SCHERF, BRIAN
STREET ADDRESS 1080 TYLER ST
CITY-ST-ZIP HOLLYWOOD FL 33019

☐ DELETE

TITLE D
NAME MCCULLOM, LINDY
STREET ADDRESS 7097 65TH ST. N
CITY-ST-ZIP PINELLAS PARK FL 34665

☐ DELETE

TITLE D
NAME SCHIVER, LAUREL A
STREET ADDRESS 224 NE 47 ST
CITY-ST-ZIP POMPANO BCH FL 33064

☒ DELETE

TITLE D
NAME SCHERF, ROSALYN
STREET ADDRESS 1080 TYLER ST
CITY-ST-ZIP HOLLYWOOD FL 33019

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/98 (127) 544-5503

CR2E037 (5/98)