

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003705

FILED
Apr 28, 2007
Secretary of State

Entity Name: THE FLORIDA BIODIVERSITY PROJECT, INC.

Current Principal Place of Business:

1060 TYLER ST
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 220615
HOLLYWOOD, FL 33022 US

New Mailing Address:

FEI Number: 65-0441277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHERF, ROSALYN
1060 TYLER ST.
HOLLYWOOD, FL 33019 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: AT () Delete
Name: BROUNLEY, ROBERT
Address: PO BOX 82
City-St-Zip: ORANGE LAKE, FL 32681

Title: TS () Delete
Name: SCHERF, ROSALYN
Address: 1060 TYLER ST
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: SCHERF, BRIAN
Address: 1060 TYLER ST
City-St-Zip: HOLLYWOOD, FL 33019

Title: BM () Delete
Name: MCCULLOM, LINDY
Address: PO BOX 82
City-St-Zip: ORANGE LAKE, FL 32681

Title: D (X) Delete
Name: SCHERF, ROSALYN
Address: 1060 TYLER ST
City-St-Zip: HOLLYWOOD, FL 33019

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
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: ROSALYN SCHERF

TS

04/28/2007

Electronic Signature of Signing Officer or Director

Date