2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# N93000004840

Entity Name: SARAPIQUI CONSERVATION LEARNING INSTITUTE, INC.

Current Principal Place of Business:

3540 NW 13TH ST
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

3540 NW 13TH ST
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-3286423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLBROOK, ANDREA
3540 NW 13TH ST
GAINESVILLE, FL 32609 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: TD ( ) Delete
Name: HOLBROOK, GIOVANNA
Address: 617 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: PD ( ) Delete
Name: HOLBROOK, ANDREA
Address: 3540 NW 13TH ST.
City-St-Zip: GAINESVILLE, FL 32609

Title: VD ( ) Delete
Name: EMMEL, THOMAS
Address: 1717 N.W. 45TH AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: MD (X) Delete
Name: PALMESE, LISA
Address: 3540 NW 13TH ST
City-St-Zip: GAINESVILLE, FL 32609

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:

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: ANDREA HOLBROOK PD 02/20/2008

Electronic Signature of Signing Officer or Director — Date