2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004840

FILED Jan 24, 2009 Secretary of State

Entity Name: SARAPIQUI CONSERVATION LEARNING INSTITUTE, INC. **New Principal Place of Business: Current Principal Place of Business:** 3540 NW 13TH ST GAINESVILLE, FL 32609 **Current Mailing Address: New Mailing Address:** 3540 NW 13TH ST GAINESVILLE, FL 32609 FEI Number: 59-3286423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLBROOK, ANDREA 3540 NW 13TH ST GAINESVILLE, FL 32609 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOLBROOK, GIOVANNA Name: Name: Address: 617 E UNIVERSITY AVE Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: Title: PD () Delete Title: () Change () Addition HOLBROOK, ANDREA Name: Name: Address: 3540 NW 13TH ST. Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: Title: VD () Delete Title: () Change () Addition EMMEL, THOMAS Name: Name: 1717 N.W. 45TH AVENUE Address: Address: City-St-Zip: GAINESVILLE, FL 32609 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 01/24/2009