

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003483

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** THE BIOCULTURAL RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

104 SAN RAFAEL RD  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

5A ATLANTIC OAKS CIRCLE  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

104 SAN RAFAEL RD  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

5A ATLANTIC OAKS CIRCLE  
ST. AUGUSTINE, FL 32080

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE NICOLAS, MARIA  
104 SAN RAFAEL RD  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

DE NICOLAS, MARIA  
5A ATLANTIC OAKS CIRCLE  
ST. AUGUSTINE, FL 32080 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:

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DE NICOLAS, MARIA C  
Address: 104 SAN RAFAEL RD  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: DE NICOLAS, ANTONIO T  
Address: 104 SAN RAFAEL RD  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: MALIK, AMIR A  
Address: 301 HEALTHPARK BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: DE NICOLAS, JOSE R  
Address: 104 SAN RAFAEL RD  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DE NICOLAS, MARIA C  
Address: 5A ATLANTIC OAKS CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change ( ) Addition  
Name: DE NICOLAS, ANTONIO T  
Address: 5A ATLANTIC OAKS CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

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

Title: D (X) Change ( ) Addition  
Name: COLAVITO, CARL N  
Address: 5A ATLANTIC OAKS CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: MARIA C DE NICOLAS

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date