## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002381

Entity Name: FLORIDA PHOTONICS CLUSTER, INC.

FILED Mar 03, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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**4632 36TH STREET** 12424 RESEARCH PARKWAY ORLANDO, FL 32811

STE 100

ORLANDO, FL 32826

**Current Mailing Address: New Mailing Address:** 

**4632 36TH STREET** 12424 RESEARCH PARKWAY ORLANDO, FL 32811

STE 100

ORLANDO, FL 32826 US

FEI Number: 59-3352840 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOYLES, WILLIAM A ESQ 301 E PINE ST STE 1400 ORLANDO, FL 32801

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:**

DUDZIK, MICHAEL

**4632 36TH STREET** 

ORLANDO, FL 32811

Name:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition FONG, ALEX FONG, ALEX Name: Name: 4632 36TH STREET Address: 4632 36TH STREET Address:

City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32811 US

Title: () Delete Title: (X) Change ( ) Addition HOPKINS, ROB Name: BURDGE, GEOFF Name:

Address: 4632 36TH STREET Address: 12424 RESEARCH PARKWAY, STE 100

ORLANDO, FL 32826 US

City-St-Zip: ORLANDO, FL 32811 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition PAPE, DENNIS PAPE, DENNIS Name: Name:

Address: **4632 36TH STREET** Address:

12424 RESEARCH PARKWAY, STE 100 City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32826 US

Title: () Delete Title: (X) Change ( ) Addition BERRIDGE, RANDY Name: BERRIDGE, RANDY Name:

12424 RESEARCH PARKWAY, STE 100 Address: **4632 36TH STREET** Address:

City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32826 US

Title: () Delete Title: FD (X) Change ( ) Addition

BURDGE, GEOFF PEARSON, JAMES E DR. Name: Name: **4632 36TH STREET** 6860 KINNITY CT. Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: CUMMING, GA 30040 US

Title: (X) Delete 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: JAMES E. PEARSON ED 03/03/2009