2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002969

FILED Feb 06, 2009 Secretary of State

Entity Name: FRIENDS OF ANNE KOLB NATURE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 751 SHERIDAN STREET HOLLYWOOD, FL 33019 **Current Mailing Address: New Mailing Address:** 751 SHERIDAN STREET HOLLYWOOD, FL 33019 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASE, SARA 851 HARRISON STREET US HOLLYWOOD, FL 33019 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: () Change () Addition () Delete BLAKE, SUZANNE Name: Name: 1245 VAN BUREN ST Address: Address: HOLLYWOOD, FL 33019 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: LEWIS, JOHN Name: Address: 235 SW 7TH STREET Address: City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: Title: () Delete Title: (X) Change () Addition TAYLOR, KAY Name: COUTURE, CONNIE Name: 3110 S.W. 197 LANE 614 TRAFALGAR COURT Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33332 City-St-Zip: FORT LAUDERDALE, FL 33004 Title: () Delete Title: () Change () Addition PIERETTE, BETTEY Name: Name: Address: 303 E 4TH STREET Address: City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: Title: () Delete Title: () Change () Addition BARNHARDT, MARCIA Name: Name: 2320 NORTH 37TH AVE Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: (X) Change () Addition COUTURE, CONNIE GROVER. BILLE Name: Name: Address: 614 TRFALGAR CT Address: 5240 N 31 PLACE DANIA BEACH, FL 33004 HOLLYWOOD, FL 33021 City-St-Zip: 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: SUZANNE BLAKE PRES 02/06/2009