

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08867

**Entity Name:** MARJORY STONEMAN DOUGLAS BISCAYNE NATURE CENTER, INC.

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC1464413419**

**Current Principal Place of Business:**

6767 CRANDON BLVD  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

6767 CRANDON BLVD  
KEY BISCAYNE, FL 33149 US

**FEI Number: 59-2549600**

**Certificate of Status Desired: Yes**

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

JAMES, TILGHMAN  
ONE S. E. 3RD AVENUE  
SUITE 3000  
MIAMI, FL 33131 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

**Officer/Director Detail :**

Title	P
Name	GRAFTON, THORN R
Address	100 N. BISCAYNE BLVD 27TH FLOOR
City-State-Zip:	MIAMI FL 33132
Title	T
Name	STEVEN, HENRIQUEZ
Address	6767 CRANDON BLVD.
City-State-Zip:	KEY BISCAYNE FL 33149
Title	D
Name	SORKIN , STEVE
Address	4721 UNIVERSITY DRIVE
City-State-Zip:	CORAL GABLES FL 33146

Title	S
Name	SMITH , STACIA
Address	240 CRANDON BLVD SUITE 167
City-State-Zip:	KEY BISCAYNE FL 33149
Title	ED
Name	LONG, THEODORA
Address	6767 CRANDON BLVD
City-State-Zip:	KEY BISCAYNE FL 33149

*I hereby 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 all other like empowered.*

**SIGNATURE: THEODORA LONG**

**EXECUTIVE DIRECTOR**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date