

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008100

**Entity Name:** BAY ISLANDS CONSERVATION ASSOCIATION, INC.**Current Principal Place of Business:**11711 RAINTREE VILLAGE BLVD., APT C  
TEMPLE TERRACE, FL 33617**Current Mailing Address:**11711 RAINTREE VILLAGE BLVD., APT C  
TEMPLE TERRACE, FL 33617**FEI Number:** 47-4394800**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZELINSKAS, AARON MICHAEL  
11711 RAINTREE VILLAGE BLVD., APT C  
TEMPLE TERRACE, FL 33617 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:** AARON M ZELINSKAS

03/19/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CAMPBELL, SARITA  
Address       11711 RAINTREE VILLAGE BLVD., APT  
                  C  
City-State-Zip: TEMPLE TERRACE FL 33617

Title           SECRETARY  
Name           HENDRIX, ROSA  
Address       11711 RAINTREE VILLAGE BLVD., APT  
                  C  
City-State-Zip: TEMPLE TERRACE FL 33617

Title           D  
Name           BROOKS, HERMAN  
Address       11711 RAINTREE VILLAGE BLVD., APT  
                  C  
City-State-Zip: TEMPLE TERRACE FL 33617

Title           DIRECTOR  
Name           KERR, JACOB  
Address       5754 LOWER KULA ROAD  
City-State-Zip: KULA HI 96790

Title           VP  
Name           ANDERSON, ERIC  
Address       5823 BERKSHIRE CT  
City-State-Zip: ALEXANDRIA VA 22303

Title           D  
Name           BRADY, MARISSA GISSELLE  
Address       11711 RAINTREE VILLAGE BLVD., APT  
                  C  
City-State-Zip: TEMPLE TERRACE FL 33617

Title           PRESIDENT  
Name           ZELINSKAS, AARON  
Address       11711 RAINTREE VILLAGE BLVD., APT  
                  C  
City-State-Zip: TEMPLE TERRACE FL 33617

Title           DIRECTOR  
Name           FLORES, CINDY  
Address       11711 RAINTREE VILLAGE BLVD APT.  
                  C  
City-State-Zip: TEMPLE TERRACE FL 33617

*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:** AARON ZELINSKAS**PRESIDENT**

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date