FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:09

DOCUMENT # 709710 (8)

1. Corporation Name
THE FLORIDA ENTOMOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
391 ESCAMBIA DR SE PO BOX 7326 WINTER HAVEN FL 33883-7326	~~391 ESCAMBIA DR SE~~ PO BOX 7326 WINTER HAVEN FL 33883-7326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1965
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-6546670 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 7326
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 WINTER HAVEN, FL
Zip 24 / Country 25	Zip 29 33883-7326 / Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KNAPP, ANN C 391 ESCAMBIA DR SE WINTER HAVEN FL 33884	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PED~~ PPD	1.1 TITLE	PPD	☑ Change ☐ Addition
NAME	PENA, JORGE	1.2 NAME		↓
STREET ADDRESS	18905 SW 280TH ST.	1.3 STREET ADDRESS		Title Only
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP		
TITLE	~~PED~~ PD	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	THOMAS, ELLEN	2.2 NAME		↓
STREET ADDRESS	ONE METRO CENTER 4010 BOY SCOUT BLVD.	2.3 STREET ADDRESS		TITLE ONLY
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	PPD	3.1 TITLE	PED	☐ Change ☑ Addition
NAME	WILLIAMS, DAVID DR	3.2 NAME	Russell Mizell	
STREET ADDRESS	1700 SW 23RD DR	3.3 STREET ADDRESS	Rt. 4, Box 4092	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Monticello, FL 32344	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	KNAPP, ANN C	4.2 NAME		
STREET ADDRESS	391 ESCAMBIA DR SE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 00000	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	VPD	☐ Change ☑ Addition
NAME	COFFELT, JAMES A	5.2 NAME	EVERETT Mitchell	
STREET ADDRESS	1700 SW 23ND DR	5.3 STREET ADDRESS	~~1700~~ 1700 SW 23rd DR.	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	GAINESville, FL 32608	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANN C. KNAPP Ann C. Knapp 3/08/95 (813) 324-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000A746