

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 709710 (8)

1. Corporation Name

THE FLORIDA ENTOMOLOGICAL SOCIETY, INC.



Principal Place of Business

391 ESCAMBIA DR SE
PO BOX 7326
WINTER HAVEN FL 33883-7326
US

Mailing Address

P O BOX 7326
PO BOX 7326
WINTER HAVEN FL 33883-7326
US

3. Date Incorporated or Qualified
10/05/1965

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-6546670

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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 PPD ☒ DELETE
NAME PENA, JORGE
STREET ADDRESS 18905 SW 280TH ST.
CITY-ST-ZIP HOMESTEAD FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME THOMAS, ELLEN
STREET ADDRESS ONE METRO CENTER 4010 BOY SCOUT BLVD.
CITY-ST-ZIP TAMPA FL

2.1 TITLE PPD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PED ☐ DELETE
NAME MIZELL, RUSSELL
STREET ADDRESS RT 4 BOX 4092
CITY-ST-ZIP MONTICELLO FL

3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME KNAPP, ANN C
STREET ADDRESS 391 ESCAMBIA DR SE
CITY-ST-ZIP WINTER HAVEN, FL 00000

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME MITCHELL, EVERETT
STREET ADDRESS 1700 SW 23RD DRIVE
CITY-ST-ZIP GAINESVILLE FL

5.1 TITLE PED ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE VPD ☐ Change ☒ Addition
6.2 NAME HALL, DAVID
6.3 STREET ADDRESS 1200 PINWOOD ST.
6.4 CITY-ST-ZIP CLEWISTON, FL 33440

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)(k), 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) 1/18/96 (941) 326-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)