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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
02/01/1996

2. Principal Place of Business

21 **16125 E LAKE BUCKELL**

Suite, Apt. #, etc.

22

City & State

23 **LUTZ, FL**

Zip

24 **33549**

Country

25

9. Name and Address of Current Registered Agent

KNAPP, ANN C
391 ESCAMBIA DR SE
WINTER HAVEN FL 33884

2a. Mailing Address

26 **P.O. BOX 1206**

Suite, Apt. #, etc.

27

City & State

28 **LUTZ FL**

Zip

29 **33549**

Country

30

10. Name and Address of New Registered Agent

81 Name

TERESA DUCHENE

82 Street Address (P.O. Box Number is Not Acceptable)

16125 E LAKE BUCKELL DR

83

84 City

LUTZ

85

FL

Zip Code

33549

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 of 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 **Teresa Duchene, Business Mgr**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VPD**
HALL, DAVID
STREET ADDRESS **1200 PINWOOD STREET**
CITY-ST-ZIP **CLEWISTON FL**

TITLE ☒ DELETE

NAME **PPD**
THOMAS, ELLEN
STREET ADDRESS **ONE METRO CENTER 4010 BOY SCOUT BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **PD**
MIZELL, RUSSELL
STREET ADDRESS **RT 4 BOX 4092**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME **PED**
MITCHELL, EVERETT
STREET ADDRESS **1700 SW 23RD DRIVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PRESIDENT Director**
HALL, DAVID
1.3 STREET ADDRESS **1200 PINWOOD ST**
1.4 CITY-ST-ZIP **CLEWISTON, FL**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **V.P. Director**
SIVINSKI, JOHN
2.3 STREET ADDRESS **1700 S.W. 23RD DR**
2.4 CITY-ST-ZIP **GAINESVILLE, FL 32608**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **PRESIDENT-ELECT Director**
JOE FUNDERBORK
3.3 STREET ADDRESS **RT 3 BOX 4370**
3.4 CITY-ST-ZIP **QUINCY, FL 32351**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **T.D.**
DUCHENE, TERESA
4.3 STREET ADDRESS **16125 E LAKE BUCKELL DR**
4.4 CITY-ST-ZIP **LUTZ, FL 33549**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **SECRETARY**
HAYES, MARY-JO
5.3 STREET ADDRESS **911 SW 34th St**
5.4 CITY-ST-ZIP **GAINESVILLE, FL 32608**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: **Teresa Duchene, Business Mgr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-3-97

Daytime Phone # **0054809**

CP2E037 (9/96)