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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 Mailing Address

16125 E LAKE BURRELL
LUTZ FL 33549
US

P.O. BOX 1206
LUTZ FL 33549
US



3. Date Incorporated or Qualified

10/05/1965

4. FEI Number

59-6546670

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1007

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 LUTZ, FL

Zip

29 33548

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUCHENE, TERESA
16125 E LAKE BURRELL AVE
LUTZ FL 33549

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 PD ☒ DELETE
NAME HALL, DAVID
STREET ADDRESS 1200 PINWOOD STREET
CITY-ST-ZIP CLEWISTON FL

TITLE VSD ☐ DELETE
NAME SIMINSKI, JOHN
STREET ADDRESS 1700 SW 23RD DR
CITY-ST-ZIP GAINESVILLE FL

TITLE PD ☐ DELETE
NAME FUNDERBORK, JOE
STREET ADDRESS RT 3 BOX 4370
CITY-ST-ZIP QUINCY FL

TITLE TD ☐ DELETE
NAME DUCHENE, TERESA
STREET ADDRESS 16125 E LAKE BURRELL DR
CITY-ST-ZIP LUTZ FL

TITLE S ☐ DELETE
NAME HAYES, MARY-JO
STREET ADDRESS 1911 SW 34TH ST
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Teressa Duchene, Treasurer

2-3-98

813-903-9234

CF2E037 (10/97)