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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90058 011 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709710

1. Corporation Name

THE FLORIDA ENTOMOLOGICAL SOCIETY, INC.

Principal Place of Business

16125 E LAKE BURRELL
LUTZ FL 33549
US

Mailing Address

P.O. BOX 1007
LUTZ FL 33548
US

126579-90058-11



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/05/1965

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

9. Name and Address of Current Registered Agent

DUCHENE, TERESA
16125 E LAKE BURRELL AVE
LUTZ FL 33549

10. Name and Address of New Registered Agent

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

TITLE **VGB PD** ☐ DELETE

NAME **SIVINSKI, 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 **PRESIDENT-ELECT** ☐ DELETE

NAME **LANCE PETERSON**
STREET ADDRESS **1853 CAPITAL CIR**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **SECY** ☐ DELETE

NAME **JOHN PETTI**
STREET ADDRESS **2305 SW 70TH TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, with all other like empowered.

SIGNATURE: **JENNIFER DUCHENE, TREASURER** 1-26-99 813-903-9234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)