

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2007
Secretary of State**

DOCUMENT# 709710

Entity Name: THE FLORIDA ENTOMOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

16125 E LAKE BURRELL
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1007
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 59-6546670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCHENE, TERESA
16125 E LAKE BURRELL AVE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUCHENE, TERESA
Address: 16125 E LAKE BURRELL DR
City-St-Zip: LUTZ, FL

Title: PD () Delete
Name: SCHEFFRAHN, RUDI
Address: 3025 COLLEGE AVE
City-St-Zip: FT LAUDERDALE, FL 33314

Title: VP () Delete
Name: CASHION, GERI
Address: 2948 LANDMARK WAY
City-St-Zip: PALM HARBOUR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA DUCHENE

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date