

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709710

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**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  
Name: DUCHENE, TERESA  
Address: 16125 E LAKE BURRELL DR  
City-St-Zip: LUTZ, FL

Title: PD  
Name: HUNTER, WAYNE  
Address: 2400 RIVER HAMMOCK LANE  
City-St-Zip: FT PIERCE, FL 33440

Title: VP  
Name: LOVELADY, CLARK  
Address: 7145 58TH AVE  
City-St-Zip: VERO BEACH, FL 32967

Title: SECY  
Name: MEAGHER, ROBERT  
Address: P O BOX 110620  
City-St-Zip: GAINESVILLE, FL 32611

I hereby 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 all other like empowered.

SIGNATURE: TERESA DUCHENE

TRES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date