

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08379

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: FLORIDA SOCIETY FOR MICROSCOPY, INC.

**Current Principal Place of Business:**

USF 4202 E. FOWLER AVE  
DEPT BIOLOGY SCA 110  
TAMPA, FL 33620 US

**New Principal Place of Business:**

**Current Mailing Address:**

USF 4202 E. FOWLER AVE  
BIOLOGY SCA 110  
TAMPA, FL 33620 US

**New Mailing Address:**

FEI Number: 59-2440350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LORAAMM, BETTY SDTD  
USF 4202 E. FOWLER AVE  
BIOLOGY SCA 110  
TAMPA, FL 33620 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: PD ( ) Delete  
Name: DEMPERE, LUISA A PD  
Address: 107 MAEC , PO BOX 116400  
City-St-Zip: GAINESVILLE, FL 32611 US

Title: SDTD ( ) Delete  
Name: LORAAMM, BETTY SDTD  
Address: 4202 E. FOWLER AVE SCA 110  
City-St-Zip: TAMPA, FL 33620 US

Title: VPD ( ) Delete  
Name: PRENITZER, BRENDA I VPD  
Address: 12565 RESEARCH PKWY, SUITE 300  
City-St-Zip: ORLANDO, FL 32826 US

Title: D ( ) Delete  
Name: GIANNUZZI, LUCILLE D  
Address: 4000 CENTRAL FLORIDA BLVD  
City-St-Zip: ORLANDO, FL 32816 US

Title: D ( ) Delete  
Name: GRECO, ANTHONY D  
Address: 140 SEVENTH AVENUE S., MSL 119  
City-St-Zip: ST. PETERSBURG, FL 33701 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VPD (X) Change ( ) Addition  
Name: PRENITZER, BRENDA I VPD  
Address: 12565 RESEARCH PKWY, SUITE 300  
City-St-Zip: ORLANDO, FL 32816 US

Title: D (X) Change ( ) Addition  
Name: SIEBEIN, KERRY N D  
Address: 107 MAEC , PO BOX 116400  
City-St-Zip: GAINESVILLE, FL 32611 US

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: BETTY LORAAMM

SDTD

04/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date