2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# N08379

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:	( ) 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 Section 119.07(3)(i), 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 03/31/2005

Electronic Signature of Signing Officer or Director — Date