


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90014 038 ****61.25

DOCUMENT # 721237					
1. Entity Name FLORIDA STATE BEEKEEPERS ASSOCIATION, INCORPORATED					
Principal Place of Business 115 PATTEN HEIGHTS ST LAKELAND FL 33803-2248			Mailing Address 115 PATTEN HEIGHTS ST LAKELAND FL 33803-2248		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1776440	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent KELLEY, ROBERT H FLORIDA STATE BEEKEEPERS ASSOCIATION 115 PATTEN HEIGHTS ST LAKELAND FL 33803-2248		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES SANFORD, MALCOLM T DR. 5002 NW 64TH LN GAINESVILLE FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUTTS, LAWRENCE 1533 CLAYTON RD CHIPLEY FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERMAN, ELMORE 3915 E LK CONINE DR WINTER HAVEN FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ELMORE HERMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1209 BEAUCHAMP FARM RD MARIANNA FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLEY, ROBERT H 115 PATTEN HEIGHTS LAKELAND FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTERVELT, JOHN 13828 YALE HAMMOCK RD UMATILLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTERVELT, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 W. COLLINS ST UMATILLA FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENTRY, JOSHUA P 17796 66TH CT NORTH LOXAHATCHEE FL 33470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID WEBB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 901 ELCAM BLVD. COCOA, FL 32927-5015

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert H. Kelley **ROBERT H. KELLEY** 3/2/06 863 644 6944