2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #721237

1. Entity Name FLORIDA STATE BEEKEEPERS ASSOCIATION, INCORPORATED



04-28-2008 90347 012 ****61.25

FILED

Apr 28, 2008 8:00 am Secretary of State

| Principal Place of Business |
|-----------------------------|
| 115 PATTEN HEIGHTS ST |
| LAKELAND EL 33803-2248 |

| Principal Plac 115 PATTEN LAKELAND, F | | Mailing Address 115 PATTEN HEIGHT LAKELAND, FL 3380 | | } in a 1 | Landin ståns kinin ståns litte | i ITTI GNERI BITIN GNUN A | riski cishi sha | 11ET 83 (T81 | |
|---|---|---|---|--|---|---------------------------|-----------------|---------------------------|--|
| 2. Principal P | face of Business - No P.O. Box # | 3. Mailing Address | ling Address | | | | | | |
| Suite, Apt. #, etc. Su | | Suite, Apt. #, etc. | uite, Apt. #, etc. | | 08 Chg-NP | CR2E037 | (12/06) | | |
| City & State C | | City & State | ity & State | | umber 1776440 | | | plied For t Applicable | |
| Zip | Country | Zip | Country | 5. Certifi | cate of Status Desire | d □ \$ | 8.75 Add | itional | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | | | | | | |
| VELLEY F | ODEDT U | | Name | • | | | • | | |
| KELLEY, ROBERT H FLORIDA STATE BEEKEEPERS ASSOCIATION 115 PATTEN HEIGHTS ST | | | Stree | Address (P.O. Box No | umber is Not Accepta | able) | | -1- - | |
| | D, FL 33803-2248 | | | | | | | | |
| | | | City | | | FL | Zip Code | • | |
| 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 SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| • | Filing Fee is \$81.25 Due by May 1, 2008 9. Election Camp Trust Fund Co | | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | |
| 10. | D. OFFICERS AND DIRECTORS | | 11. | | /CHANGES TO OFFI | ICERS AND DIRE | CTORS IN | 10 | |
| TITLE | ES | ☐ Delete | TILITE | | | [| Change | ☐ Addition | |
| NAME | SANFORD, MALCOLM T DR. | | NAME | | | | | | |
| STREET ADDRESS City-St-Zip | 5002 NW 64TH LN GAINESVILLE, FL 32653 | | STREET ADORES CITY-ST-ZIP | s | | | | | |
| TITLE | D 7 | ☐ Detete | TILE | P | | | Change | Addition | |
| NAME | CUTTS, LAWRENCE | | NAME | | | , | of cushing | ☐ Mullion | |
| STREET ADDRESS | 1533 CLAYTON RD | | STREET ADDRES | s < | | | | | |
| CITY-ST-ZIP | CHIPLEY, FL 32428 | | CITY-ST-ZIP | | | | | | |
| TITLE | Р | ☐ Delete | TITLE | D | | (| ≰ Change | Addition | |
| NAME | ELMORE, HERMAN | | NAME | 1 | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1209 BEAUCHAMP FARM RD | | STREET ADDRES | s S | | | • | | |
| | MARIANNA, FL 32448 ST | | CITY-ST-ZIP | | | | 7.0 | | |
| TITLE NAME | | ☐ Delete | TITLE | 1 | | L | Change | ☐ Addition | |
| STREET ADDRESS | INELLET RUBERTH | | NAME | | | _ | | | |
| CITY-ST-ZIP | KELLEY, ROBERT H 115 PATTEN HEIGHTS | | NAME Street adores | s | | | : | | |
| | | | | s | | | : | | |
| TITLE | 115 PATTEN HEIGHTS LAKELAMD, FL D | Delete | STREET ADDRES | VP | | 4 | : Statute | Addition | |
| NAME | 115 PATTEN HEIGHTS LAKELAMD, FL D WESTERVELT, JOHN | Delete | STREET ADORES CITY-ST-ZIP TITLE NAME | VP GARY F | RANKER | ş | ÷ Shange | Addition | |
| NAME STREET ADDRESS | 115 PATTEN HEIGHTS LAKELAMD, FL D WESTERVELT, JOHN 105 W COLLINS ST | S Coelete | STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES | VP GARY F | RANKER YTH AV. | <u>E</u> AST | Shange | Addition | |
| NAME Street address City-St-Zip | 115 PATTEN HEIGHTS LAKELAMD, FL D WESTERVELT, JOHN 105 W COLLINS ST UMATILLA, FL 32784 | | STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP | VP GARY F 4211 2 PALMETT | RANKER 4TH AV. 0, FL 34 | | ¥ Ohange | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | 115 PATTEN HEIGHTS LAKELAMD, FL D WESTERVELT, JOHN 105 W COLLINS ST UMATILLA, FL 32784 VP | Delete | STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE | VP GARY F | RANKER 4 TH AV. 0, FL 34 | | Shange Change | Addition Addition | |
| NAME Street address City-St-Zip | 115 PATTEN HEIGHTS LAKELAMD, FL D WESTERVELT, JOHN 105 W COLLINS ST UMATILLA, FL 32784 | | STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP | GARY F GARY F 4211 2 PALMETT D | RANKER 4TH AV. 0, FL 34 | | Change | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 115 PATTEN HEIGHTS LAKELAMD, FL D WESTERVELT, JOHN 105 W COLLINS ST UMATILLA, FL 32784 VP WEBB, DAVID | | STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME | GARY F GARY F 4211 2 PALMETT D | RANKER 4 TH AV. 0, FL 34 | | Change | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 addition, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR