

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721237

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** FLORIDA STATE BEEKEEPERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

115 PATTEN HEIGHTS ST  
LAKELAND, FL 338032248

**New Principal Place of Business:**

115 PATTEN HEIGHTS ST  
LAKELAND, FL 33803

**Current Mailing Address:**

115 PATTEN HEIGHTS ST  
LAKELAND, FL 338032248

**New Mailing Address:**

115 PATTEN HEIGHTS ST  
LAKELAND, FL 33803

**FEI Number:** 59-1776440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLEY, ROBERT H  
FLORIDA STATE BEEKEEPERS ASSOCIATION  
115 PATTEN HEIGHTS ST  
LAKELAND, FL 338032248 US

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

KELLEY, ROBERT H  
FLORIDA STATE BEEKEEPERS ASSOCIATION  
115 PATTEN HEIGHTS ST  
LAKELAND, FL 33803 US

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:

01/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ES  
Name: SANFORD, MALCOLM T DR.  
Address: 5002 NW 64TH LN  
City-St-Zip: GAINESVILLE, FL 32653

Title: P  
Name: DUGGAR, THOMAS W JR.  
Address: 15668 N W DUGGAR LANE  
City-St-Zip: BRISTOL, FL 32321

Title: D  
Name: ELMORE, HERMAN  
Address: 1209 BEAUCHAMP FARM RD  
City-St-Zip: MARIANNA, FL 32448

Title: ST  
Name: KELLEY, ROBERT H  
Address: 115 PATTEN HEIGHTS  
City-St-Zip: LAKELAND, FL 33803

Title: VP  
Name: WEBB, DAVID  
Address: 21777 STATE ROAD 520  
City-St-Zip: ORLANDO, FL 32833

Title: D  
Name: CUTTS, LAURENCE  
Address: 1533 CLAYTON RD.  
City-St-Zip: CHIPLEY, FL 32428

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: ROBERT H. KELLEY

ST

01/04/2010

Electronic Signature of Signing Officer or Director

Date