## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 721237** 

FILED Feb 05, 2012 Secretary of State

Entity Name: FLORIDA STATE BEEKEEPERS ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

115 PATTEN HEIGHTS ST 200 BEE FARM RD LAKELAND, FL 33803 HASTINGS, FL 32145

Current Mailing Address: New Mailing Address:

115 PATTEN HEIGHTS ST 200 BEE FARM RD LAKELAND, FL 33803 HASTINGS, FL 32145

FEI Number: 59-1776440 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KELLEY, ROBERT H
FLORIDA STATE BEEKEEPERS ASSOCIATION

BOHANNON, DEBORAH
FLORIDA STATE BEEKE

FLORIDA STATE BEEKEEPERS ASSOCIATION FLORIDA STATE BEEKEEPERS ASSOCIATION 200 BEE FARM RD

LAKELAND, FL 33803 US

200 BEE FARM RD
HASTINGS, FL 32145 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: DEBORAH BOHANNON 02/05/2012

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: F

Name: RANKER, GARY
Address: 4211 24TH AVE. EAST
City-St-Zip: PALMETTO, FL 34221

Title: VP

Name: COUNCIL, KEITH

Address: 3004 EL DORALDO BLVD N City-St-Zip: CAPE CORAL, FL 33993

Title: TR

Name: BOHANNON, DEBORAH Address: 200 BEE FARM RD City-St-Zip: HASTINGS, FL 32145

Title: [

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

Title:

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

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: DEBORAH BOHANNON TR 02/05/2012