

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721237

Entity Name: FLORIDA STATE BEEKEEPERS ASSOCIATION,
INCORPORATED**Current Principal Place of Business:**200 BEE FARM RD
HASTINGS, FL 32145**Current Mailing Address:**200 BEE FARM RD
HASTINGS, FL 32145**FEI Number: 59-1776440****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BOHANNON, DEBORAH
FLORIDA STATE BEEKEEPERS ASSOCIATION
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title PRESIDENT
Name COUNCELL, KEITH
Address 3004 EL DORADO BLVD N
City-State-Zip: CAPE CORAL FL 33993

Title VP
Name NOLAN, TOM
Address 2424 51ST BLVD E
City-State-Zip: BRADENTON FL 34208

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

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

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

Title DIRECTOR
Name RANKER, GARY
Address 4211 24 AVE EAST
City-State-Zip: PALMETTO FL 34221

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**TREASURER****03/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date