

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002930

Entity Name: CSI FORENSIC SCIENCES FOUNDATION, INC.**Current Principal Place of Business:**12787 US HIGHWAY 441
ALACHUA, FL 32615**Current Mailing Address:**12787 US HIGHWAY 441
ALACHUA, FL 32615**FEI Number: 20-4398543****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRUEGER, SCOTT D
2750 NORTHWEST 43RD STREET, SUITE 201
GAINESVILLE, FL 32606 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 D
Name RUSH, ROBERT
Address 11 SE SECOND AVE
City-State-Zip: GAINESVILLE FL 32601Title D
Name SPERRING, THOMAS
Address 12787 US HIGHWAY 441
City-State-Zip: ALACHUA FL 32615Title D
Name SPERRING, PHYLLIS
Address 12787 US HIGHWAY 441
City-State-Zip: ALACHUA FL 32615Title D
Name TRAHAN, MARC
Address 630 NE 10TH AVE
City-State-Zip: GAINESVILLE FL 32601Title D
Name GERARD, DAN
Address 106 SE WACAHOTTA RD
City-State-Zip: MICANOPY FL 32667Title D
Name SCHMIDT, DERRICK
Address 7451 NW 40TH ST.
City-State-Zip: CHIEFLAND FL 32626Title D
Name JONES , CHEIF TONY
Address 12787 US HIGHWAY 441
City-State-Zip: ALACHUA FL 32615

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: THOMAS SPERRING**DIRECTOR****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date