

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001089

**Entity Name:** AUCILLA RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

555 N. JEFFERSON STREET  
MONTICELLO, FL 32344

**Current Mailing Address:**

555 N. JEFFERSON STREET  
MONTICELLO, FL 32344

**FEI Number:** 46-4882912

**Certificate of Status Desired:** No

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

GRUBBS, JANA  
555 N. JEFFERSON STREET  
MONTICELLO, FL 32344 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 VC  
Name CARSWELL, JACK  
Address 555 E. JEFFERSON STREET  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name COLE, GEORGE M  
Address 5283 ASHVILLE HWY  
City-State-Zip: MONTICELLO FL 32344

Title D  
Name CORBETT, CORNELIA  
Address 1043 GUI SANDO DE AVILA  
City-State-Zip: TAMPA FL 33613

Title D  
Name DORAN, GLEN H  
Address 1117 AZALEA DRIVE  
City-State-Zip: TALLAHASSEE FL 32031

Title CHAIRMAN  
Name DUNBAR, JAMES S  
Address 141 OLD STILL RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR  
Name GREEN, ED  
Address 830 WEST LAKE RD  
City-State-Zip: MONTICELLO FL 32344

Title SECRETARY, TREASURER  
Name GRUBBS, JANA  
Address 4132 S. JEFFERSON  
City-State-Zip: LAMONT FL 32336

Title DIRECTOR  
Name HOLT, ANNE  
Address 655 E. HIGH ST  
City-State-Zip: MONTICELLO FL 32344

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*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:** JANA H. GRUBBS

**SEC/TREASURER**

**02/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LADSON, JOHN  
Address 1701 CENTER DR  
City-State-Zip: VIDALIA GA 30474

Title DIRECTOR  
Name WARD, DAVID  
Address P. O. BOX 616  
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR  
Name WRIGHT, L. GARY  
Address P. O. BOX 91  
City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR  
Name MARRINAN, ROCHELLE  
Address 6299 VERDURA WAY  
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR  
Name WILLIS, MIKE  
Address 186 WILLIS RD  
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR  
Name HARMON, TOM  
Address 5705 OLD LLOYD RD  
City-State-Zip: MONTICELLO FL 32344