

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001089

FILED
Jan 15, 2016
Secretary of State
CC6202088933

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 D
Name BAILAR, RICHARD
Address 445 MELROSE DRIVE
City-State-Zip: MONTICELLO FL 32344

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

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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

SECRETARY/TREASURER 01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MEANS, HARLEY
Address 1921 SETTING SUN TRAIL
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name PERTIERRA, TOM
Address 7120 E TURKEY ROOST DR.
City-State-Zip: MONTICELLO FL 32344

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

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

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

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