2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721237

FILED Jan 07, 2009 Secretary of State

Entity Name: FLORIDA STATE BEEKEEPERS ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 115 PATTEN HEIGHTS ST LAKELAND, FL 338032248 **Current Mailing Address: New Mailing Address:** 115 PATTEN HEIGHTS ST LAKELAND, FL 338032248 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 115 PATTEN HEIGHTS ST LAKELAND, FL 338032248 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SANFORD, MALCOLM T DR. Name: Name: 5002 NW 64TH LN Address: Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: Title: () Delete Title: (X) Change () Addition CUTTS, LAWRENCE Name: PLENGE, RENO Name: Address: 1533 CLAYTON RD Address: 9113 INDIAN BLUFF RD. City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: YOUNGSTOWN, FL 32466 Title: () Delete Title: () Change () Addition ELMORE, HERMAN Name: Name: 1209 BEAUCHAMP FARM RD Address: Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: Title: () Delete Title: () Change () Addition ST Name: KELLEY, ROBERT H Name: Address: 115 PATTEN HEIGHTS Address: City-St-Zip: LAKELAMD, FL City-St-Zip: Title: VΡ () Delete Title: VΡ (X) Change () Addition PANKER, GARY TWICHELL, ROGER Name: Name: 4211 24TH AVE. EAST 3224 CODY CHURCH RD Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: MONTICELLO, FL 32344 Title: () Delete Title: (X) Change () Addition WEBB, DAVID CUTTS, LAURENCE Name: Name: Address: 901 ELCAM BLVD Address: 1533 CLAYTON RD. COCOA, FL 329275015 CHIPLEY, FL 32428 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT H. KELLEY ST 01/07/2009