

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 02, 2011
Secretary of State

DOCUMENT# 742015

Entity Name: FLORIDA MOSQUITO ASSOCIATION, INC.**Current Principal Place of Business:**405 NW 39TH AVENUE
GAINESVILLE, FL 326091738 US**New Principal Place of Business:**15191 HOMESTEAD ROAD
FORT MYERS, FL 33971 US**Current Mailing Address:**POB 358630
GAINESVILLE, FL 326358630 US**New Mailing Address:**8915 BANYAN COVE CIRCLE
FORT MYERS, FL 33919 US**FEI Number:** 59-1819301**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ETHERSON, KELLIE
405 NW 39TH AVE
GAINESVILLE, FL 32609 US**Name and Address of New Registered Agent:**REDOVAN, SHELLY
8915 BANYAN COVE CIRCLE
FORT MYERS, FL 33919 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: SHELLY S. REDOVAN

06/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O
Name: BETTS, ROBERT
Address: 611 HWY 297-A
City-St-Zip: CANTONMENT, FL 32533 US

Title: O
Name: HRIBAR, LARRY
Address: 5224 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040 US

Title: O
Name: CONNELLY, ROXANNE
Address: 200 9TH ST, SE
City-St-Zip: VERO BEACH, FL 32960 US

Title: D
Name: REDOVAN, SHELLY
Address: 15191 HOMESTEAD RD
City-St-Zip: LEHIGH ACRES, FL 33971 US

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: SHELLY S. REDOVAN

D

06/02/2011

Electronic Signature of Signing Officer or Director

Date