

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744138

FILED  
Feb 12, 2008  
Secretary of State

**Entity Name:** FLORIDA PALEONTOLOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

FL MUS. NAT. HIST., UNIV. OF FLORIDA  
P.O BOX 117800  
GAINESVILLE, FL 326117800 US

**New Principal Place of Business:**

**Current Mailing Address:**

FLORIDA MUSEUM OF NATURAL HISTORY  
UNIVERSITY OF FLORIDA  
GAINESVILLE, FL 326117800 US

**New Mailing Address:**

**FEI Number:** 59-1846931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACFADDEN, BRUCE  
FLORIDA MUSEUM OF NATURAL HISTORY  
UNIVERSITY OF FLORIDA  
GAINESVILLE, FL 326117800 US

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

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:**

Title: P ( ) Delete  
Name: COLE, MELISSA  
Address: 904 RED BIRD LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S ( ) Delete  
Name: WRIGHT, MARCIA  
Address: 1550 MIZELL AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete  
Name: HECHT, GEORGE  
Address: FL MUSEUM NATL HISTORY  
City-St-Zip: GAINESVILLE, FL 32611

Title: D ( ) Delete  
Name: TOOMEY, BARBARA  
Address: PO BOX 357880  
City-St-Zip: GAINESVILLE, FL 32635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: GEORGE D HECHT

T

02/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date