

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744138

FILED
Apr 03, 2009
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:

FL MUS. NAT. HIST., UNIV. OF FLORIDA
138 DICKINSON HALL, UNIV. OF FLORIDA
GAINESVILLE, FL 326117800 US

Current Mailing Address:

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

New Mailing Address:

PO BOX 117800
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326117800 US

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: P (X) Change () Addition
Name: FANTOZZI, MARGE
Address: 101 OLYMPUS DR
City-St-Zip: OCOEE, FL 34761

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

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

Title: D (X) Change () Addition
Name: PORTELL, ROGER
Address: PO BOX 117800
City-St-Zip: GAINESVILLE, FL 32611

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 HECHT

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date