

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748098

FILED
Jan 06, 2004
Secretary of State**Entity Name:** THE FLORIDA STATE SOCIETY OF CYTOLOGY, INC.**Current Principal Place of Business:**1490 OAKES BLVD
NAPLES, FL 34119 US**New Principal Place of Business:**245 LEXINGDALE DRIVE
ORLANDO, FL 32828 US**Current Mailing Address:**1490 OAKES BLVD
NAPLES, FL 34119 US**New Mailing Address:**245 LEXINGDALE DRIVE
ORLANDO, FL 32828 US**FEI Number:** 59-2038137**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THOMAS, MICHAEL D
11477 TANAGER COURT
NAPLES, FL 34119 US**Name and Address of New Registered Agent:**CRILL, ANTOINETTE
245 LEXINGDALE DRIVE
ORLANDO, FL 32828 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: ANTOINETTE CRILL

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: THOMAS, MICHAEL
Address: 11477 TANAGER CT
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: KENDRICK, ADELIA
Address: 5809 WILDWOOD AVENUE
City-St-Zip: SARASOTA, FL 34231

Title: P () Delete
Name: KELLY, LYNDA
Address: 5989 AUGUSTA NATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: WINDISCH, WENDY
Address: 9844 SHERBROOK LANE
City-St-Zip: JACKSONVILLE, FL 32221

Title: S () Delete
Name: MOORE, BRENDA
Address: 2605 SABLEWOOD DRIVE
City-St-Zip: VALRICO, FL 33594

Title: CSD () Delete
Name: MCDOUGAL, KONRAD J
Address: 1721 SW 98TH AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CRILL, ANTOINETTE
Address: 245 LEXINGTONDALE DRIVE
City-St-Zip: ORLANDO, FL 32828

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

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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 for the exemption stated in Section 119.07(3)(i), 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: ANTIONETTE CRILL

T

01/06/2004

Electronic Signature of Signing Officer or Director

Date