

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754240

FILED  
May 22, 2005  
Secretary of State

**Entity Name:** FLORIDA BRANCH OF THE AMERICAN SOCIETY FOR MICROBIOLOGY, INC.

**Current Principal Place of Business:**

C/O BILL SAFRANEK  
4635 JANET ROAD  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BILL SAFRANEK  
4635 JANET ROAD  
COCOA, FL 32926 US

**New Mailing Address:**

**FEI Number:** 59-2030300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SAFRANEK, BILL  
4635 JANET ROAD  
COCOA, FL 32926 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: SD ( ) Delete  
Name: SLIFKO, TERRI  
Address: 9124 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32825

Title: PD ( ) Delete  
Name: GRIFFIN, DALE W  
Address: 3931 28TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: TD ( ) Delete  
Name: SAFRANEK, BILL  
Address: 4635 JANET ROAD  
City-St-Zip: COCOA, FL

**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:

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: BILL SAFRANEK

TD

05/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date