

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754240

FILED  
May 10, 2009  
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 (X)**  
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: BREITBART, MYA  
Address: 140 7TH AVE S  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: PD ( ) Delete  
Name: KELLOGG, CHRISTINA  
Address: 600 4TH ST. SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701

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: PD (X) Change ( ) Addition  
Name: SELF, WILLIAM  
Address: 600 4TH ST. SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701

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: WILLIAM W. SAFRANEK

TD

05/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date