

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008158

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE FUMIGATION ADVISORY COUNSEL, INC.

Current Principal Place of Business:

100 SOUTH ORANGE AVENUE
ORLANDO, FL 32802

New Principal Place of Business:

100 SOUTH ORANGE AVENUE
9TH FLOOR
ORLANDO, FL 32802

Current Mailing Address:

100 SOUTH ORANGE AVENUE
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 65-1062529 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RUFF, MARK H ESQUIRE
100 SOUTH ORANGE AVENUE
ORLANDO, FL 32802 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: D () Delete
Name: BARTLETT, AL
Address: 11301 NW 25TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: WARREN, ERIK
Address: 1135 N JEFFERSON AVENUE
City-St-Zip: SARASOTA, FL 34237

Title: S/T () Delete
Name: RUFF, MARK H
Address: 100 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: THOMS, ELLEN
Address: 7257 N.W. 4TH BLVD., #20
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: MEAHL, RICHARD
Address: PO BOX 454
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D () Delete
Name: EDWARDS, JEFF
Address: 3900 SW 2ND COURT
City-St-Zip: PLANTATION, FL 33312

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
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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: MARK H. RUFF

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date