

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006307

FILED  
May 08, 2008  
Secretary of State

Entity Name: FLORIDA RESEARCH CONSORTIUM, INC.

**Current Principal Place of Business:**

150 S.MONROE STREET  
SUITE 300  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 10331  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 59-3753473      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:**

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

CORPDIRECT AGENTS, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DL ( ) Delete  
Name: GARY, DAVID  
Address: 5800 PARK COMMERCE BLVD  
City-St-Zip: BOCA RATON, FL 33487

Title: P ( ) Delete  
Name: SULLIVAN, JACK JR  
Address: 9018 SHOAL CREEK DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT ( ) Delete  
Name: SZARO, DONN  
Address: 200 SOUTH BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: CRISER, MARSHALL III  
Address: 150 S.MONROE ST,STE 400  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: KLAPSTEIN, JULIE  
Address: 7751 BELFOZT RD,STE 350  
City-St-Zip: JACKSONVILLE, FL 32256

**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: D (X) Change ( ) Addition  
Name: CRISER, MARSHALL III  
Address: 150 S.MONROE ST,STE 300  
City-St-Zip: TALLAHASSEE, FL 32301

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: JACK SULLIVAN, JR.

P

05/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date