

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004004

FILED
Apr 29, 2009
Secretary of State

Entity Name: DIAPAUSE RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

1924 CREIGHTON RD
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

PO BOX 11369
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 61-1477193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, EUGENE
1924 CREIGHTON RD
PENSACOLA, FL 32504 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: DPS () Delete
Name: HULL, EUGENE PH.D.
Address: PO BOX 11369
City-St-Zip: PENSACOLA, FL 32524

Title: DPS () Delete
Name: HULL, GREGORY DDS
Address: PO BOX 11369
City-St-Zip: PENSACOLA, FL 32524

Title: D () Delete
Name: HILL, ANN
Address: 412 WEST GREGORY STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: SHEDD, TOM
Address: 7405 HOLTER ROAD
City-St-Zip: MIDDLETON, IN 21769

Title: T () Delete
Name: KING, JAMES W
Address: 945 WEST MICHIGAN AVE., SUITE 5B
City-St-Zip: PENSACOLA, F; 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 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: EUGENE HULL

DPS

04/29/2009

Electronic Signature of Signing Officer or Director

Date