

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006517

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: STOCKING HOMINID RESEARCH, INC.

## Current Principal Place of Business:

5535 HARRISON ROAD  
MIMS, FL 32754

## New Principal Place of Business:

505 KING CHARLES CIRCLE  
DELAND, FL 32724

## Current Mailing Address:

5535 HARRISON ROAD  
MIMS, FL 32754

## New Mailing Address:

505 KING CHARLES CIRCLE  
DELAND, FL 32724

FEI Number: 14-2002832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STOCKING, DIANE L  
5535 HARRISON ROAD  
MIMS, FL 32754 US

## Name and Address of New Registered Agent:

STOCKING, DONNA S  
505 KING CHARLES CIRCLE  
DELAND, FL 32724 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: DONNA S. COHRS

04/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: STOCKING, DIANE L  
Address: 5535 HARRISON ROAD  
City-St-Zip: MIMS, FL 32754 US

Title: VP ( ) Delete  
Name: LUND, LARRY G  
Address: 117 NW 108TH STREET  
City-St-Zip: VANCOUVER, WA 98685 US

Title: S/TR ( ) Delete  
Name: COHRS, DONNA S  
Address: 505 KING CHARLES CIR.  
City-St-Zip: DELAND, FL 32724 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: STOCKING, DIANE L  
Address: 19855 RIVER ROAD, APT. F  
City-St-Zip: GLADSTONE, OR 97027 US

Title: VP/T (X) Change ( ) Addition  
Name: COHRS, DONNA S  
Address: 505 KING CHARLES CIRCLE  
City-St-Zip: DELAND, FL 32724 US

Title: VP (X) Change ( ) Addition  
Name: SCHAFFNER, RON  
Address: 4100A LONG ACRES DRIVE  
City-St-Zip: CINCINNATI, OH 45245 US

Title: S ( ) Change (X) Addition  
Name: SIDOTI, DAVID  
Address: 5973 WHITE TAIL LOOP  
City-St-Zip: LAKELAND, FL 33811 US

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: DONNA S. COHRS

VP/T

04/25/2009

Electronic Signature of Signing Officer or Director

Date