

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008666

FILED
Jan 11, 2009
Secretary of State

Entity Name: ORGANIZATION OF NEMATOLOGISTS OF TROPICAL AMERICA FL, INC.

Current Principal Place of Business:

1911 SW 34TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 147100
GAINESVILLE, FL 326147100

New Mailing Address:

FEI Number: 30-0504991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSERRA, RENATO N
1911 SW 34TH STREET
GAINESVILLE, FL 32608 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: RICH, JIMMY R
Address: 155 RESEARCH ROAD
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: BRITO, JANETE A
Address: POST OFFICE BOX 147100
City-St-Zip: GAINESVILLE, FL 326147100

Title: D () Delete
Name: DUNCAN, LARRY W
Address: 700 EXPERIMENT STATION ROAD
City-St-Zip: LAKE ALFRED, FL 338502299

Title: D () Delete
Name: ROBINSON, A. FOREST
Address: 2949 MIRRORMERE CIRCLE
City-St-Zip: BRYAN, TX 77807

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
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: RENATO N INSERRA

RA

01/11/2009

Electronic Signature of Signing Officer or Director

Date