

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008666

**FILED**  
**Jan 09, 2011**  
**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  
Name: RICH, JIMMY R  
Address: 155 RESEARCH ROAD  
City-St-Zip: QUINCY, FL 32351

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RENATO N INSERRA

RA

01/09/2011

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

\_\_\_\_\_  
Date