

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08379

FILED
Mar 31, 2005
Secretary of State

Entity Name: FLORIDA SOCIETY FOR MICROSCOPY, INC.

Current Principal Place of Business:

USF 4202 E. FOWLER AVE
DEPT BIOLOGY SCA 110
TAMPA, FL 33620 US

New Principal Place of Business:

Current Mailing Address:

USF 4202 E. FOWLER AVE
BIOLOGY SCA 110
TAMPA, FL 33620 US

New Mailing Address:

FEI Number: 59-2440350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORAAMM, BETTY SDTD
USF 4202 E. FOWLER AVE
BIOLOGY SCA 110
TAMPA, FL 33620 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: PD () Delete
Name: DEMPERE, LUISA A PD
Address: 107 MAEC , PO BOX 116400
City-St-Zip: GAINESVILLE, FL 32611 US

Title: SDTD () Delete
Name: LORAAMM, BETTY SDTD
Address: 4202 E. FOWLER AVE SCA 110
City-St-Zip: TAMPA, FL 33620 US

Title: VPD () Delete
Name: PRENITZER, BRENDA I VPD
Address: 12565 RESEARCH PKWY, SUITE 300
City-St-Zip: ORLANDO, FL 32826 US

Title: D () Delete
Name: GIANNUZZI, LUCILLE D
Address: 4000 CENTRAL FLORIDA BLVD
City-St-Zip: ORLANDO, FL 32816 US

Title: D () Delete
Name: GRECO, ANTHONY D
Address: 140 SEVENTH AVENUE S., MSL 119
City-St-Zip: ST. PETERSBURG, FL 33701 US

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETTY LORAAMM

SDTD

03/31/2005

Electronic Signature of Signing Officer or Director

Date