

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14156

FILED  
Jul 14, 2008  
Secretary of State

**Entity Name:** CENTER FOR SYSTEMATIC ENTOMOLOGY, INC.

**Current Principal Place of Business:**

% BUR. OF ENTOMOLOGY  
P.O. BOX 147100  
GAINESVILLE, FL 326147100 US

**New Principal Place of Business:**

1911 SW 34TH STREET  
GAINESVILLE, FL 326147100 US

**Current Mailing Address:**

% BUR. OF ENTOMOLOGY  
P.O. BOX 147100  
GAINESVILLE, FL 326147100 US

**New Mailing Address:**

1911 SW 34TH STREET  
GAINESVILLE, FL 326147100 US

**FEI Number:** 59-2740566      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SKELLEY, PAUL  
1911 SW 34TH ST  
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: T ( ) Delete  
Name: SMITH, TREVOR  
Address: 1911 SW 34TH ST.  
City-St-Zip: GAINESVILLE, FL 32608

Title: P ( ) Delete  
Name: SKELLEY, PAUL  
Address: 1911 SW 34TH ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: THOMAS, MIKE  
Address: 1911 SW 34TH ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: STECK, GARY J.  
Address: 1507 NW 36TH WAY  
City-St-Zip: GAINESVILLE, FL 32605

Title: V ( ) Delete  
Name: WELBOURN, CAL  
Address: 1911 SW 34TH ST  
City-St-Zip: GAINESVILLE, FL 32608

**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 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: TREVOR SMITH

T

07/14/2008

Electronic Signature of Signing Officer or Director

Date