

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14156

FILED
Jan 21, 2009
Secretary of State

Entity Name: CENTER FOR SYSTEMATIC ENTOMOLOGY, INC.

Current Principal Place of Business:

4217 NW 16TH ST.
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 141874
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 59-2740566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKELLEY, PAUL
3722 SW 19TH 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: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

Title: P () Delete
Name: SKELLEY, PAUL
Address: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

Title: D () Delete
Name: THOMAS, MIKE
Address: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

Title: D () Delete
Name: STECK, GARY J.
Address: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

Title: V () Delete
Name: WELBOURN, CAL
Address: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

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

01/21/2009

Electronic Signature of Signing Officer or Director

Date