

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14156

FILED  
Mar 15, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3722 SW 19TH ST.  
GAINESVILLE, FL 32608 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  
Name: LOTT, DEBORAH  
Address: P.O BOX 141874  
City-St-Zip: GAINESVILLE, FL 32614

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

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

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

Title: V  
Name: SOURAKOV, ANDREI  
Address: P.O BOX 141874  
City-St-Zip: GAINESVILLE, FL 32614

Title: D  
Name: EGER, JOE  
Address: P.O BOX 141874  
City-St-Zip: GAINESVILLE, FL 32614

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: PAUL SKELLEY

DR.

03/15/2012

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

\_\_\_\_\_  
Date