

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18108

FILED  
Jan 13, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL ODONATA RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

1911 SW 34TH STREET  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

DIV OF PLANT INDUSTRY  
P.O. BOX 147100  
GAINESVILLE, FL 32614 US

**New Mailing Address:**

**FEI Number:** 59-2621759      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MAUFFRAY, WILLIAM F  
4525 NW 53RD LN  
GAINESVILLE, FL 32653 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 ( ) Delete  
Name: DUNKLE, SIDNEY W DR  
Address: 8030 E LAKESHORE PKWY APT # 8202  
City-St-Zip: TUSCON, AZ 85730

Title: D ( ) Delete  
Name: MAUFFRAY, WILLIAM F  
Address: 4525 NW 53RD LN  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: MAUFFRAY, ESTHER L  
Address: 4525 NW 53RD LA  
City-St-Zip: GAINESVILLE, FL 32653

**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:

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: WILLIAM F MAUFFRAY

RA/D

01/13/2008

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

\_\_\_\_\_  
Date