

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27464

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA ARTIFICIAL INTELLIGENCE RESEARCH SOCIETY, INC.

**Current Principal Place of Business:**

620 SW 75TH TERR  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

620 SW 75TH TERR  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-2905543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANKEL, DOUGLAS  
620 SW 75TH TERRACE  
GAINESVILLE, FL 32607 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: SD  
Name: WILSON, DAVID  
Address: PO BOX 5176  
City-St-Zip: CHARLOTTE, NC 28299 US

Title: PD  
Name: DANKEL, DOUGLAS D  
Address: 620 SW 75TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: TD  
Name: HALLER, SUSAN M  
Address: 16 HOWELL ST  
City-St-Zip: CANANDAIGUA, NY 14424 US

Title: VP  
Name: SUTCLIFFE, GEOFF  
Address: 2756 DAY AVENUE, #404  
City-St-Zip: COCONUT GROVE, FL 33133 US

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: SUSAN HALLER

TD

01/07/2011

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

\_\_\_\_\_  
Date