

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N37237

1. Entity Name
AMERICAN ENTOMOLOGICAL INSTITUTE, INC.



Principal Place of Business
**3005 S.W. 56TH AVENUE
GAINESVILLE, FL 32608**

Mailing Address
**3005 S.W. 56TH AVENUE
GAINESVILLE, FL 32608**

DO NOT WRITE IN THIS SPACE



02212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
38-1849251

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAMES, LLOYD
915 NW 40TH TERRACE
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HERATY, JOHN C/O UNIVERSITY OF CALIFORNIA RIVERSIDE, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHARTON, ROBERT A. C/O TEXAS A & M UNIVERSITY COLLEGE STATION, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LLOYD, JAMES E. UNIVERSITY OF FLORIDA. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORSE, JOHN C/O CLEMSON UNIVERSITY CLEMSON, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, SCOTT C/O SMITHSONIAN INSTITUTION WASHINGTON, DC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WAHL, DAVID 3005 S.W. 56TH AVE. GAINESVILLE, FL

U00000256056
03/08/05-80043-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James E Lloyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 March 2005 (352)
Date

Daytime Phone # *392-1901*

X-124