

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 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**



02232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
38-1849251

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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03/15/06-80057-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. Lloyd 3/3/06 (352)392-1901

Date

Daytime Phone #