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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001711 (1)**

1. Corporation Name

FLORIDA ASSOCIATION OF BENTHOLOGISTS, INC.

Principal Place of Business	Mailing Address
6821 S.W. ARCHER ROAD GAINESVILLE FL 32608	6821 S.W. ARCHER ROAD GAINESVILLE FL 32608

3. Date Incorporated or Qualified: **04/15/1993**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **59-3156064** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EVANS, DAVID L
6821 S.W. ARCHER ROAD
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, DAVID L 2302 N.W. 15TH PLACE GAINESVILLE FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VOGEL, MARK J 1701 INDIANA AVENUE ST. CLOUD FL 34769	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HULBERT, JAMES L 2270 COLDSTREAM DRIVE WINTER PARK FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUTHRIE, PHYLLIS A 1220 S.W. 96TH STREET GAINESVILLE FL 32607	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Hulbert, James L. 2270 Coldstream Drive Winter Park, FL	☐ Change ☑ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Robert P. Rutter 7451 Golf Course Blvd. Punta Gorda, FL 33982	☐ Change ☑ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD Michael Crikis 2191 Bear Island Road Lake Buena Vista, FL 23830	☐ Change ☑ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD William M. Bartodziej 3917 Commonwealth Blvd, MS. 710 Tallahassee, FL 32399	☐ Change ☑ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James L. Hulbert (James L. Hulbert) 2/1/96 (407) 893-3301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #