## 2005 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT # N93000001711** 

1. Entity Name

FLORIDA ASSOCIATION OF BENTHOLOGISTS, INC.

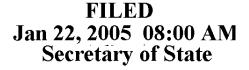


Principal Place of Business

6821 S.W. ARCHER ROAD GAINESVILLE, FL 32608

Mailing Address

6821 S.W. ARCHER ROAD GAINESVILLE, FL 32608





DO NOT WRITE IN THIS SPACE

01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3156064

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

352-343-3777 x20

6. Name and Address of Current Registered Agent

EVANS, DAVID L 6821 S.W. ARCHER ROAD

SIGNATURE;

## DO NOT WRITE

GAINESVI	ILLE, FL 32608		· •, · · -	··IN ·	THIS SPAC	<b>E</b>
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, 2005	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				Carried That Marks and the	The Same of State of the State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINSER, PALMER 4049 REID STREET PALATKA, FL 32177				0000001913 01/24/05-8017	89 1-012 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINE, LAURA 6821 SW ARCHER RD GAINESVILLE, FL 32608		S. C. Sangagaga			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANLON-BREUER, SANDI 15847 CHESTNUT LANE TAVARES, FL 32778			DÒ	NOT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARLEN, DAVID 1410 N 21ST ST TAMPA, FL 33605			IN	THIS SPAC	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENSON, DANA 3319 MAGUIRE BLVD ORLANDO, FL 32803	÷ .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11 - 14 M			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.						