2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001711

1. Entity 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

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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

6. Name and Address of Current Registered Agent

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

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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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KINSER, PALMER
STREET ADDRESS	4049 REID STREET
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	SD
NAME	LINE, LAURA
STREET ADDRESS	6821 SW ARCHER RD
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	TD
NAME	HANLON-BREUER, SANDI
STREET ADDRESS	15847 CHESTNUT LANE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D
NAME	KARLEN, DAVID
STREET ADDRESS	1410 N 21ST ST
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	DENSON, DANA
STREET ADDRESS	3319 MAGUIRE BLVD
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80171-012 61.25

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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: Sandi Hanlon-Breuer 1-19-2005 352-343-3777 x26
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #