

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 018 ****61.25

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

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KINSER, PALMER
STREET ADDRESS 4049 REID STREET
CITY-ST-ZIP PALATKA, FL 32177

TITLE D ☒ Change ☐ Addition
NAME Palmer Kinser
STREET ADDRESS 4049 Reid Street
CITY-ST-ZIP Palatka, FL 32177

TITLE SD ☐ Delete
NAME LINE, LAURA
STREET ADDRESS 6821 SW ARCHER RD
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HANLON-BREUER, SANDI
STREET ADDRESS 15847 CHESTNUT LANE
CITY-ST-ZIP TAVARES, FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KARLEN, DAVID
STREET ADDRESS 1410 N 21ST ST
CITY-ST-ZIP TAMPA, FL 33605

TITLE D ☐ Change ☒ Addition
NAME Gloria Eby
STREET ADDRESS 520 West Lake Mary Blvd., Suite 200
CITY-ST-ZIP Sanford, FL 32773-7499

TITLE D ☐ Delete
NAME DENSON, DANA
STREET ADDRESS 3319 MAGUIRE BLVD
CITY-ST-ZIP ORLANDO, FL 32803

TITLE PD ☒ Change ☐ Addition
NAME Dana Denson
STREET ADDRESS 3319 Maguire Blvd.
CITY-ST-ZIP Orlando, FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sandi Hanlon-Breuer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

(352)343-3777x26

Date

Daytime Phone #