

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

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



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3156064	Applied For Not Applicable
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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

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSER, PALMER 4049 REID STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINE, LAURA 6821 SW ARCHER RD GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANLON-BREUER, SANDI 15847 CHESTNUT LANE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBY, GLORIA 520 WEST LAKE MARY BLVD., SUITE 200 SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENSON, DANA 3319 MAGUIRE BLVD ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

DATE

DAYTIME PHONE #

1-9-06 352-343-3777x26