

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001711

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF BENTHOLOGISTS, INC.

## Current Principal Place of Business:

6821 S.W. ARCHER ROAD  
GAINESVILLE, FL 32608

## New Principal Place of Business:

## Current Mailing Address:

6821 S.W. ARCHER ROAD  
GAINESVILLE, FL 32608

## New Mailing Address:

FEI Number: 59-3156064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: KINSER, PALMER  
Address: 4049 REID STREET  
City-St-Zip: PALATKA, FL 32177

Title: SD ( ) Delete  
Name: LINE, LAURA  
Address: 6821 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608

Title: TD ( ) Delete  
Name: PLUCHINO, MARIONRA  
Address: 520 WEST LAKE MARY BLVD. SUITE 103  
City-St-Zip: SANFORD, FL 32772

Title: PD ( ) Delete  
Name: EBY, GLORIA  
Address: 3319 MAGUIRE BLVD  
City-St-Zip: ORLANDO, FL 32803

Title: PD ( ) Delete  
Name: DENSON, DANA  
Address: 3319 MAGUIRE BLVD  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KINSER, PALMER  
Address: 4049 REID STREET  
City-St-Zip: PALATKA, FL 32177

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: PLUCHINO, MARIANNE  
Address: 520 WEST LAKE MARY BLVD. SUITE 103  
City-St-Zip: SANFORD, FL 32772

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DENSON, DANA  
Address: 3319 MAGUIRE BLVD  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. EVANS

RA

01/05/2009

Electronic Signature of Signing Officer or Director

Date