2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008
Secretary of State

DOCUMENT# N94000000414

Entity Name: FLORIDA MOSQUITO CONTROL FOUNDATION, INC.

Current Principal Place of Business:

405 NW 39TH AVENUE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 358630
GAINESVILLE, FL 326358630 US

New Mailing Address:

FEI Number: 65-0524018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ETHERSON, KELLIE
405 NW 39TH AVE
GAINESVILLE, FL 32609 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:	O	( ) Delete
Name:	VAN ESSEN, FRANK	
Address:	600 N RD	
City-St-Zip:	NAPLES, FL 341043464 US	
Title:	O	( ) Delete
Name:	REYNOLDS, WILLIAM	
Address:	550 AERO LANE	
City-St-Zip:	SANFORD, FL 327738118 US	
Title:	O	( ) Delete
Name:	MOORE, DENNIS	
Address:	2308 MARATHON RD	
City-St-Zip:	ODESSA, FL 33556 US	
Title:	D	( ) Delete
Name:	ETHERSON, KELLIE	
Address:	405 NW 39TH AVE.	
City-St-Zip:	GAINESVILLE, FL 32609 US	
Title:	O	( ) Delete
Name:	FUSSELL, ED	
Address:	5224 COLLEGE ROAD	
City-St-Zip:	KEY WEST, FL 33040 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	O	(X) Change ( ) Addition
Name:	REYNOLDS, WILLIAM	
Address:	450 BRANNON FOREST DR	
City-St-Zip:	WAYNESVILLE, NC 28785 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	O	(X) Change ( ) Addition
Name:	REDOVAN, SHELLY	
Address:	15191 HOMESTEAD RD	
City-St-Zip:	LEHIGH ACRES, FL 33971 US	

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: KELLIE ETHERSON D 06/13/2008

Electronic Signature of Signing Officer or Director — Date