

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000414

FILED
Mar 25, 2009
Secretary of State

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)

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: 450 BRANNON FOREST DR
City-St-Zip: WAYNESVILLE, NC 28785 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: REDOVAN, SHELLY
Address: 15191 HOMESTEAD RD
City-St-Zip: LEHIGH ACRES, FL 33971 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O (X) Change () Addition
Name: CONNELLY, ROXANNE
Address: 200 9TH ST, SE
City-St-Zip: VERO BEACH, FL 32960 US

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

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

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

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

03/25/2009

Electronic Signature of Signing Officer or Director

Date