

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000414

FILED
Jan 19, 2011
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
Name: HRIBAR, LARRY
Address: 5224 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040 US

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

Title: O
Name: BETTS, ROBERT
Address: 611 HWY 297-A
City-St-Zip: CANTONMENT, FL 32533 US

Title: D
Name: ETHERSON, KELLIE
Address: 405 NW 39TH AVE.
City-St-Zip: GAINESVILLE, FL 32609 US

Title: O
Name: REDOVAN, SHELLY
Address: 15191 HOMESTEAD RD
City-St-Zip: LEHIGH ACRES, FL 33971 US

I hereby 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 all other like empowered.

SIGNATURE: KELLIE ETHERSON

D

01/19/2011

Electronic Signature of Signing Officer or Director

Date