## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000000414

FILED May 02, 2012 Secretary of State

Entity Name: FLORIDA MOSQUITO CONTROL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

405 NW 39TH AVENUE 15191 HOMESTEAD ROAD GAINESVILLE, FL 32609 LEHIGH ACRES, FL 33971

Current Mailing Address: New Mailing Address:

P.O. BOX 358630 8915 BANYAN COVE CIRCLE GAINESVILLE, FL 326358630 US FORT MYERS, FL 33919 US

FEI Number: 65-0524018 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ETHERSON, KELLIE

405 NW 39TH AVE

GAINESVILLE, FL 32609 US

REDOVAN, SHELLY

15191 HOMESTEAD ROAD

LEHIGH ACRES, FL 33971 US

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: SHELLY REDOVAN 05/02/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: Ο

 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: C

Name: WILKINSON, NEIL

Address: 15191 HOMESTEAD ROAD
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title:

 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: SHELLY REDOVAN D 05/02/2012