

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002482

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: FLORIDA RESEARCH INSTITUTE, INC.

## Current Principal Place of Business:

2306 S.W. 13TH STREET #806  
GAINESVILLE, FL 32608

## New Principal Place of Business:

## Current Mailing Address:

2306 S.W. 13TH STREET #806  
GAINESVILLE, FL 32608

## New Mailing Address:

FEI Number: 59-3378527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYONS-LEPKE, ELAINE M  
2306 S.W. 13TH STREET #806  
GAINESVILLE, FL 32608 US

## Name and Address of New Registered Agent:

LYONS, ELAINE M  
2306 S.W. 13TH STREET #806  
GAINESVILLE, FL 32608 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: ELAINE M. LYONS

04/20/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOCKHART, MADELYN  
Address: 1677 NORTHWEST 19TH CIRCLE  
City-St-Zip: GAINESVILLE, FL 32605

Title: PSTD ( ) Delete  
Name: LYONS, ELAINE M  
Address: 2610 S.W. 14TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: C ( ) Delete  
Name: LYONS, ELAINE M  
Address: 2610 S.W. 14TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VD ( ) Delete  
Name: LYONS, KENNETH J  
Address: 2306 S.W. 13TH STREET #405  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: BECHTEL, GORDON  
Address: 2250 N.W. 21ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: STREIB, GORDON  
Address: 2807 NW 83RD ST  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: ELAINE M. LYONS

C

04/20/2005

Electronic Signature of Signing Officer or Director

Date