2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N96000002482

Entity Name: FLORIDA RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

3615 SW 13TH STREET
SUITE 5
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

3615 SW 13TH STREET
SUITE 5
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, ELAINE M
2610 SW 14TH DRIVE
GAINESVILLE, FL 32608 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:	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:	VC	( ) Delete
Name:	LYONS, KENNETH J	
Address:	9204 SW 31ST LANE	
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 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: ELAINE M. LYONS PSTD 02/06/2009

Electronic Signature of Signing Officer or Director — Date