

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002482

FILED
Jan 26, 2010
Secretary of State

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
Name: LOCKHART, MADELYN
Address: 1677 NORTHWEST 19TH CIRCLE
City-St-Zip: GAINESVILLE, FL 32605

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

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

Title: VC
Name: LYONS, KENNETH J
Address: 9204 SW 31ST LANE
City-St-Zip: GAINESVILLE, FL 32608

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

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

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: ELAINE M. LYONS

PSTD

01/26/2010

Electronic Signature of Signing Officer or Director

Date