

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065041

1. Corporation Name

FLORIDA RESEARCH FOUNDATION, INC.

Principal Place of Business	,
2930 SW 40TH AVENUE	1 *
GAINESVILLE FL 32608	

Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90072 037 ***158.75

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Principal Place	e of Business	Mailing Address	<u> </u>	-\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
Principal Place of Business 2930 SW 40TH AVENUE GAINESVILLE FL 32608 Mailing Address 6336 SW 12TH AVE MIAMI FL 33144 US			DO NOT WRITE IN THIS	SPACE		
				3. Date Incorporated or Qualifed		
•	· ,			08/21/1995		
2. Principal Pl	ace of Business	2a. Mailing Address	TH	4. FEI Number	Applied For	
21		26 6336 S.W. 1	<u>ι Α</u> ΄ \$Τ.	59-3331797	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be	
23		28 Mioni FL		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year In-	tangible	
24	25	29 33144 30	3 US	Personal Property Tax.	☐ Yes X No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
	•	· · · · · · · · · · · · · · · · · · ·	81 Name			
	SBY, ELENA I		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	S SW 12TH ST		OL OLI TILL			
MAIM	VII FL 33144		83			
			84 City		85 Zip Code	
	•			FL	• · ·	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	_					
	Signature, typed or printed name of registered ager		egistered Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ID DIRECTORS IN 12	
12.		ID DIRECTORS	1,1 TITLE P. T		Change Addition	
TITLE	P CDOCDY JOUN A	C SEEL.E	1.2 NAME			
NAME	CROSBY, JOHN A		1.3 STREET ADDRESS			
STREET ADDRESS	6336 SW 12TH ST		1.4 CITY-ST-ZIP			
CITY-ST-ZIP	MIAMI FL 33144 VD	☐ DELETE	2.1 TITLE	·	☐ Change ☐ Addition	
	· -		2.2 NAME	•		
NAME STORET ADDDRESS	GONZALEZ, CLARA 6336 SW 12TH STREET		2.3 STREET ADDRESS			
STREET ADDRESS	MIAMI FL 33144		2. 4 CITY-ST-ZIP			
CITY-ST-ZIP	STD	DELETE	3.1 TITLE	The second secon	- Change . Addition	
NAME	CROSBY, ELENA I	_	3.2 NAME	•		
STREET ADDRESS	OHOODI, ELEIMI				J.	
CITY-ST-ZIP	6336 SW 12TH ST		3.3 STREET ADDRESS			
	6336 SW 12TH ST		3.3 STREET ADDRESS 3.4. City-St-Zip			
TITLE	6336 SW 12TH ST MIAMI FL 33144	☐ DELETE			☐ Change ☐ Addition	
		☐ DELETE	3.4. C/TY-ST-ZIP	•	☐ Change ☐ Addition	
TITLE NAME		☐ DELETE	3.4. C/TY-ST-ZIP 4.1 TITLE	•	☐ Change ☐ Addition	
TITLE NAME STREET AODRESS		☐ DELETE	3.4, C/TY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Change ☐ Addition	
TITLE NAME		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	•	Change Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PECLEUM COUSBY OFFICER OR DIRECTOR

22 FEB 99