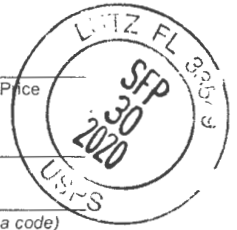




**Statement of Ownership, Management, and Circulation**  
**(All Periodicals Publications Except Requester Publications)**

1. Publication Title FLORIDA ENTOMOLOGICAL SOCIETY	2. Publication Number 0015-4040	3. Filing Date 09/30/2020
4. Issue Frequency QUARTERLY	5. Number of Issues Published Annually 4	6. Annual Subscription Price 60.00
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) 21419 NORTHWOOD DR. LUTZ, FL 33549		Contact Person TERESA DUCHENE Telephone (Include area code) (813) 903-9234



8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer)  
21419 NORTHWOOD DR., LUTZ, FL 33549

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)  
 Publisher (Name and complete mailing address)  
 E O PAINTER PRINTING, P.O. BOX 877, DELEON SPRINGS, FL 32131

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11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box  None

Full Name	Complete Mailing Address

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 The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:  
 Has Not Changed During Preceding 12 Months  
 Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

13. Publication Title FLORIDA ENTOMOLOGIST		14. Issue Date for Circulation Data Below  09/25/2020		
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date	
a. Total Number of Copies (Net press run)				
b. Paid Circulation (By Mail and Outside the Mail)	(1)	Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	191	184
	(2)	Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	0	0
	(3)	Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	0	0
	(4)	Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)	4	3
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d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	(1)	Free or Nominal Rate Outside-County Copies included on PS Form 3541	0	0
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	(4)	Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	10	10
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))		10	10	
f. Total Distribution (Sum of 15c and 15e)		205	197	
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))		40	48	
h. Total (Sum of 15f and g)		245	245	
i. Percent Paid (15c divided by 15f times 100)		79.59	76.32	

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a. Paid Electronic Copies		
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c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a)	205	197
d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c × 100)		

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If the publication is a general publication, publication of this statement is required. Will be printed in the DEC 2020 issue of this publication.

Publication not required.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner

Date

*Jessica Suchane*

9-30-2020

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