


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90120 015 ****61.25

0060982

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 814109

1. Corporation Name
MONTGOMERY BOTANICAL CENTER, INC.

Principal Place of Business 4520 EAST WEST HWY #530 BETHESDA MD 20814 US	Mailing Address 4520 EAST WEST HWY STE 530 BETHESDA MD 20814 US
--	---



* 1 176828 - 90120 - 15

2. Principal Place of Business 21 11901 Old Cutler Rd Suite, Apt. #, etc.	2a. Mailing Address 26 11901 Old Cutler Rd Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/21/1959
22	27	4. FEI Number 13-6153649 Applied For <input type="checkbox"/> Not Applicable
23 City & State MIAMI FL	28 City & State MIAMI FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33156 25 Country USA	29 Zip 33156 30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOYD, KELLY	1.2 NAME	
STREET ADDRESS	2215 AMBASSADOR DR NE APT7	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBNGNERGUR NM 87112	1.4 CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, WALTER D	2.2 NAME	
STREET ADDRESS	5407 SPANGLER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, ARTHUR	3.2 NAME	
STREET ADDRESS	112 SHERIDAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HO-HO-KUS NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMILEY, KARL	4.2 NAME	
STREET ADDRESS	9979 SW 52ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER MANZ	5.2 NAME	
STREET ADDRESS	2380 BAY VILLAGE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLAMY, JEANNE	6.2 NAME	
STREET ADDRESS	2718 SECOVIA ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

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 617, 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: Katherine Harris **SIGNATURE REQUIRED** Date: 2/1/99 Daytime Phone #: 305-667-3800

CR2E037 (1/198)

170828-90120-15
814109

**Montgomery Botanical Center
11901 Old Cutler Road
Miami FL 33156**

1999 Non Profit Corporation Annual Report

Item 12 Additional Director

D
Nicholas Kelly
1050 San Pedro Avenue
Coral Gables FL 33156