

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08622

FILED
Mar 09, 2009
Secretary of State

Entity Name: HEATHCOTE BOTANICAL GARDENS, INC.

Current Principal Place of Business:

210 SAVANNAH RD
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

210 SAVANNAH RD
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-2567218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, MICHAEL D.
1680 S.W. ST. LUCIE BLVD. WEST
PORT SAINT LUCIE, FL 34986 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: DT () Delete
Name: MOORE, GLORIA,
Address: 3315 N. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL

Title: DP () Delete
Name: ADAMS, CHRISTINA W
Address: 420 S.E. NARANJA AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: DVP () Delete
Name: LINLEY, PAT
Address: 6501 SANTA ROSA PARKWAY
City-St-Zip: FORT PIERCE, FL 34951

Title: DSC () Delete
Name: RICE, JAMES A
Address: 2521 N. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: DVP () Delete
Name: GAINES, JAMES V
Address: 3217 SE BRAEMAR WAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

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:

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: GLORIA MOORE

DT

03/09/2009

Electronic Signature of Signing Officer or Director

Date