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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N15068 (2)
 1. Corporation Name
FLORIDA NATIVE PLANT SOCIETY, INC.

Principal Place of Business Mailing Address

P. O. BOX 680008 P. O. BOX 680008
 P O BOX 680008 P O BOX 680008
 ORLANDO FL 32868 ORLANDO FL 32868
 US US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/22/1986** 3a. Date of Last Report **03/22/1994**

4. FEI Number **59-2676375** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **PO Box 6116** 26 **PO Box 6116**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 **SPRINGHILL FL** 28 **SPRINGHILL FL**
 City & State City & State

24 **34606** 25 Country 29 **34606** 30 Country

9. Name and Address of Current Registered Agent

MICHAEL W. MINGEA
2470 MIKLER RD.
OVIEDO FL 32785

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, RICK	1.2 NAME	P/D PAIS, DAVID
STREET ADDRESS	123 W MARIANA AVE	1.3 STREET ADDRESS	2306 NW 47th TERR.
CITY - ST - ZIP	N FT MYERS FL	1.4 CITY - ST - ZIP	GAINESVILLE FL 32604
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIS, DAVID	2.2 NAME	S/D DEBBIE BUTTS
STREET ADDRESS	P.O. BOX 1393, N/A	2.3 STREET ADDRESS	4321 NEEDLE PALM RD
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	PLANT CITY, FL 33565
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODA, JANICE	3.2 NAME	
STREET ADDRESS	9335 FRANGIPANI DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PAUL	4.2 NAME	T/D WELER, CANDACE
STREET ADDRESS	1219 E. GORE	4.3 STREET ADDRESS	1615 COUNTRY CLUB RD N
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	ST PETERSBURG, FL 33710
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUHRMAN, JUDITH	5.2 NAME	V/D
STREET ADDRESS	4362 80TH AVE N	5.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PK FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Judith Buhrman* *CANDACE L. WELER* 4/16/95 813 545-4619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)