

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: P.O. BOX 6116, SPRINGHILL FL 34606, US
Mailing Address: P.O. BOX 6116, SPRINGHILL FL 34606, US

3. Date Incorporated or Qualified: **05/22/1986**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2676375**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**MICHAEL W. MINGEA
2470 MIKLER RD.
OVIEDO FL 32765**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	PAIS, DAVID	<input type="checkbox"/> DELETE
NAME		2306 NW 47TH TERR	
STREET ADDRESS		GAINESVILLE FL	
CITY-ST-ZIP			
TITLE	SD	BUTTS, DEBBIE	<input type="checkbox"/> DELETE
NAME		4321 NEEDLE PALM ROAD	
STREET ADDRESS		PLANT CITY FL	
CITY-ST-ZIP			
TITLE	VD	BRODA, JANICE	<input type="checkbox"/> DELETE
NAME		9335 FRANGIPANI DRIVE	
STREET ADDRESS		VERO BCH FL	
CITY-ST-ZIP			
TITLE	TD	WELLER, CANDACE	<input type="checkbox"/> DELETE
NAME		1515 COUNTRY CLUB RD N.	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			
TITLE	SD	BUHRMAN, JUDITH	<input checked="" type="checkbox"/> DELETE
NAME		4362 80TH AVE N	
STREET ADDRESS		PINELLAS PK FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		KIM ZARILLO	
1.3 STREET ADDRESS		760 CAJUPUT CIR.	
1.4 CITY-ST-ZIP		MELBOURNE VILLAGE, FL 32904	
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 119.07(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 on an attachment with an address.

SIGNATURE: *Candace L. Weller* CANDACE L. WELLER, TREAS 2/25/96 813 345-4619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)