

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 6116<br>SPRINGHILL FL 34606<br>US | Mailing Address<br>P.O. BOX 6116<br>SPRINGHILL FL 34606<br>US |
|---|---|

|   |   |   |
|---|---|---|
| 3. Date Incorporated or Qualified<br><b>05/22/1986</b>  |   |   |
| 4. FEI Number<br><b>59-2676375</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |   |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |

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

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent         |  |
| MICHAEL W. MINGEA<br>2470 MIKLER RD.<br>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   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE |
| NAME                       | GANN, GEORGE                                  |
| STREET ADDRESS             | 22601 SW 152ND AVE                            |
| CITY-ST-ZIP                | MIAMI FL                                      |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE |
| NAME                       | BUTTS, DEBBIE                                 |
| STREET ADDRESS             | 4321 NEEDLE PALM ROAD                         |
| CITY-ST-ZIP                | PLANT CITY FL                                 |
| TITLE                      | PD <input type="checkbox"/> DELETE            |
| NAME                       | BRODA, JANICE                                 |
| STREET ADDRESS             | 9335 FRANGIPANI DRIVE                         |
| CITY-ST-ZIP                | VERO BCH FL                                   |
| TITLE                      | TD <input type="checkbox"/> DELETE            |
| NAME                       | WELLER, CANDACE                               |
| STREET ADDRESS             | 1515 COUNTRY CLUB RD N.                       |
| CITY-ST-ZIP                | ST. PETERSBURG FL                             |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE |
| NAME                       | ZARILLO, KIM                                  |
| STREET ADDRESS             | 760 CAJEPUT CIRCLE                            |
| CITY-ST-ZIP                | MELBOURNE VILLAGE FL                          |
| 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  | SCHMIDT, ANNIE  |
| 1.3 STREET ADDRESS                                    | 6327 BARCELONA RD   |
| 1.4 CITY-ST-ZIP                                       | LAND O LAKES, FL  |
| 2.1 TITLE   | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | FERRITER, AMY   |
| 2.3 STREET ADDRESS                                    | 1507 PINE LANE  |
| 2.4 CITY-ST-ZIP                                       | DELRAY BEACH, FL  |
| 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   | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  | WELLER, CANDACE   |
| 4.3 STREET ADDRESS                                    | 1515 COUNTRY CLUB RD N.   |
| 4.4 CITY-ST-ZIP                                       | ST. PETERSBURG, FL  |
| 5.1 TITLE   | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME  | BAREISS, ROBERT   |
| 5.3 STREET ADDRESS                                    | 10301 BELLWOOD AVE  |
| 5.4 CITY-ST-ZIP                                       | NEW PORT RICHEY, FL   |
| 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 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.

SIGNATURE: [Signature] 1/9/98 813 842 3133

CRE037 (10/97)