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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15068
 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/22/1986	4. FEI Number 59-2676375 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		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
MICHAEL W. MINGEA
2470 MIKLER RD.
OVIEDO FL 32765

10. Name and Address of New Registered Agent
 81 Name **Robert A. Bareiss**
 82 Street Address (P.O. Box Number is Not Acceptable)
10301 Bellwood Ave.
 83
 84 City **New Port Richey, FL** 85 Zip Code **34654**

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 Robert A. Bareiss TREASURER DATE 1/18/99
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, ANNIE	1.2 NAME	
STREET ADDRESS	6327 BARCELONA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRITER, AMY	2.2 NAME	Pordeli, Katherine
STREET ADDRESS	1507 PINE LN	2.3 STREET ADDRESS	P.O. Box 1429
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	Palatka, FL 32178
TITLE	PD <input checked="" type="checkbox"/> DELETE	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	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, CANDACE	4.2 NAME	Weller, Candace
STREET ADDRESS	1515 COUNTRY CLUB RD N.	4.3 STREET ADDRESS	1515 Country Club Rd. N.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAREISS, ROBERT	5.2 NAME	
STREET ADDRESS	10301 BELLWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: Robert A. Bareiss DATE 2/9/99 727 842 3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)