

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90031 003 ****61.25

DOCUMENT # N15068			
1. Entity Name FLORIDA NATIVE PLANT SOCIETY, INC.			
Principal Place of Business PO BOX 690278 VERO BEACH, FL 32969-0278 US		Mailing Address PO BOX 690278 VERO BEACH, FL 32969-0278 US	
2. Principal Place of Business <i>PO Box 278</i>		3. Mailing Address <i>PO Box 278</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MELBOURNE, FL</i>		City & State <i>MELBOURNE, FL</i>	
4. FEI Number 59-2676375		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32902-0278</i>		Country <i>USA</i>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZARILLO, KIM 760 CAJEPUT CIRCLE MELBOURNE VILLAGE, FL 32904		7. Name and Address of New Registered Agent Name <i>KIM ZARILLO (SAME)</i> Street Address (P.O. Box Number is Not Acceptable) <i>5575 WILLOUGHBY DRIVE</i> City <i>MELBOURNE</i> FL Zip Code <i>32935</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Kim Zarillo</i>		DATE <i>3/3/04</i>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARILLO, KIM 760 CAJEPUT CIRCLE MELBOURNE VILLAGE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIM ZARILLO 5575 WILLOUGHBY DRIVE MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, KATHERINE 166 11TH AVE N SAFETY HARBOR, FL 346953473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUSAN THOMPSON 616 14TH AVE VERO BEACH, FL 32902-1439 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACCLENDRON, TRAVIS 3385 KENT DRIVE MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EGOLF, ROBERT 852 ADLERSOOD WAY SARASOTA, FL 342431314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELLER, CANDACE L 1515 COUNTRY CLUB ROAD N ST PETERSBURG, FL 337104430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Candace L. Weller</i>		DATE <i>2/24/04</i> 727-347-6134	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	