


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90092 017 \*\*\*\*61.25

**DOCUMENT # N15068**

1. Entity Name  
**FLORIDA NATIVE PLANT SOCIETY, INC.**



Principal Place of Business  
 PO BOX 278  
 MELBOURNE, FL 32902-0278 US

Mailing Address  
 PO BOX 278  
 MELBOURNE, FL 32902-0278 US

20022934



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

02092005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2676375**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZARILLO, KIM  
 5575 WILLOUGHBY DRIVE  
 MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name  
**EGOLF, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)  
**852 ALDERWOOD WAY**

City **SARASOTA** FL Zip Code **34243-1114**

8. The above named entity submits this document 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 *Robert W Egolf* DATE **3/5/05**

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

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARILLO, KIM 5575 WILLOUGHBY DRIVE MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, KATHERINE 166 11TH AVE N SAFETY HARBOR, FL 346953473 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMASON, SUSAN 616 14TH AVE VERO BEACH, FL 329621439 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EGOLF, ROBERT 852 ADLERWOOD WAY SARASOTA, FL 342431314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELLER, CANDACE L 1515 COUNTRY CLUB ROAD N ST PETERSBURG, FL 337104430 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUSCA, JOAN 20 S. SEWALLS POINT RD. STUART, FL 34996-6728 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, AIMEE 3785 BARKLEY RD. AUBURNDALE, FL 33823 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPSON, SUSAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 852 ALDERWOOD WAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEI, DAVID 7332 SAND CASTLE BLVD. LANTANA, FL 33462-5216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Susan Thompson* **SUSAN THOMPSON** **3-10-05** **772-778-0552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #