

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15068

FILED
Feb 21, 2006
Secretary of State

Entity Name: FLORIDA NATIVE PLANT SOCIETY, INC.

Current Principal Place of Business:

PO BOX 278
MELBOURNE, FL 329020278 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 278
MELBOURNE, FL 329020278 US

New Mailing Address:

FEI Number: 59-2676375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGOLF, ROBERT
852 ALDERWOOD WAY
SARASOTA, FL 342431314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BAUSCA, JOAN
Address: 2A S SEWALLIS POINT ROAD
City-St-Zip: STUART, FL 349966728 US

Title: SD () Delete
Name: BAILEY, AIMEE
Address: 3785 BERKLEY RD
City-St-Zip: AUBURNDALE, FL 33823 US

Title: TD () Delete
Name: THOMPSON, SUSAN
Address: 616 14TH AVE
City-St-Zip: VERO BEACH, FL 329621439 US

Title: PD () Delete
Name: EGOLF, ROBERT
Address: 852 ALDERWOOD WAY
City-St-Zip: SARASOTA, FL 342431314 US

Title: VD () Delete
Name: LEI, DAVID
Address: 7332 SAND CASTLE BLVD
City-St-Zip: LANTANA, FL 334625216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BAUSCH, JOAN
Address: 2A S SEWALLIS POINT ROAD
City-St-Zip: STUART, FL 349966728 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MACCLENDON, TRAVIS
Address: 13755 SW MYERS DAIRY RD
City-St-Zip: BLOUNTSTOWN, FL 324245044 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN THOMPSON

TD

02/21/2006

Electronic Signature of Signing Officer or Director

_____ Date