

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15068

FILED
Apr 16, 2008
Secretary of State

Entity Name: FLORIDA NATIVE PLANT SOCIETY, INC.

Current Principal Place of Business:

2112 HELEN ST
MELBOURNE, FL 32901 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:

DONALDSON, CAMERON M
2112 HELEN ST
MELBOURNE, FL 32901 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: PD () Delete
Name: DENTON, SHIRLEY PRES.
Address: 3910 US HWY 301 N STE 180
City-St-Zip: TAMPA, FL 33619 US

Title: VPA () Delete
Name: REDMOND, ANN VPADMIN
Address: 1500 OLDFIELD DR
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VPF () Delete
Name: MACCLEDON, TRAVIS VPFIN
Address: 13755 SW MYERS DAIRY RD
City-St-Zip: BLOUNTSTOWN, FL 32424 US

Title: TD () Delete
Name: THOMPSON, SUSAN TREASUR
Address: 616 14TH AVE
City-St-Zip: VERO BEACH, FL 32962 US

Title: SD () Delete
Name: BAILEY, AMEE SECRETA
Address: 920 KRISTINA CT
City-St-Zip: AUBURNDALE, FL 33823 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPF (X) Change () Addition
Name: WELLER, CANDACE VPFIN
Address: 1515 COUNTRY CLUB RD N
City-St-Zip: ST. PETERSBURG, FL 33710 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date