

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25664

FILED
Mar 31, 2008
Secretary of State

Entity Name: FLORIDA EXOTIC PEST PLANT COUNCIL, INCORPORATED

Current Principal Place of Business:

ELLEN DONLAN
3301 GUN CLUB ROAD MSC 5650
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

C/O DIANNE OWEN
PO BOX 23426
FT. LAUDERDALE, FL 33307

New Mailing Address:

FEI Number: 65-0140632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONLAN, ELLEN
3301 GUN CLUB ROAD MSC 5650
WEST PALM BEACH, FL 33406 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: DS () Delete
Name: OWEN, DIANNE
Address: PO BOX 23426
City-St-Zip: FT. LAUDERDALE, FL 33307

Title: C () Delete
Name: FOX, ALISON
Address: PO BOX 110500
City-St-Zip: GAINESVILLE, FL 33468

Title: CP () Delete
Name: BURNEY, JIM
Address: 6753 GARDEN ROAD, SUITE 109
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DT () Delete
Name: DONLAN, ELLEN
Address: 3301 GUN CLUB ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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: ELLEN DONLAN

DT

03/31/2008

Electronic Signature of Signing Officer or Director

_____ Date