## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25664

FILED Apr 01, 2009 Secretary of State

Entity Name: FLORIDA EXOTIC PEST PLANT COUNCIL, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 

**ELLEN DONLAN** DIANNE OWEN, FLORIDA ATLANTIC UNIVERSITY DEPT. BIOL. SCIENCES, 2912 COLLEGE AVENUE 3301 GUN CLUB ROAD MSC 5650

WEST PALM BEACH, FL 33406 DAVIE, FL 33314

**New Mailing Address: Current Mailing Address:** 

**FLEPPC** C/O DIANNE OWEN

PO BOX 23426 PO BOX 23426

FT. LAUDERDALE, FL 33307 FT. LAUDERDALE, FL 33307

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONLAN, ELLEN OWEN, DIANNE

3301 GUN CLUB ROAD MSC 5650 FLORIDA ATLANTIC UNIVERSITY, BIOL. SCIENCE

2912 COLLEGE AVENUE WEST PALM BEACH, FL 33406 DAVIE, FL 33314 US

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: DIANNE OWEN 04/01/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DS () Delete (X) Change ( ) Addition

OWEN, DIANNE OWEN, DIANNE Name: Name: PO BOX 23426 Address: FAU, BIOL. SCIENCE, 2912 COLLEGE AVE Address:

City-St-Zip: FT. LAUDERDALE, FL 33307 City-St-Zip: **DAVIE, FL 33314** 

Title: ( ) Delete Title: DS (X) Change ( ) Addition

FOX, ALISON Name: BURGESS, HILLARY Name:

Address: PO BOX 110500 Address: FAIRCHILD GARDEN, 10109 OLD CUTLER ROAD

City-St-Zip: GAINESVILLE, FL 33468 City-St-Zip: CORAL GABLES, FL 33156

Title: CP () Delete Title: (X) Change ( ) Addition BURNEY, JIM BURNEY, JIM Name: Name:

6753 GARDEN ROAD, SUITE 109 6753 GARDEN ROAD, SUITE 109 Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: RIVIERA BEACH, FL 33404

Title: DT (X) Delete Title: () Change () Addition

Name: DONLAN, ELLEN Name: Address: 3301 GUN CLUB ROAD Address: City-St-Zip: WEST PALM BEACH, FL 33406 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: DIANNE OWEN DT 04/01/2009