

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25664

FILED
May 02, 2010
Secretary of State

Entity Name: FLORIDA EXOTIC PEST PLANT COUNCIL, INCORPORATED

Current Principal Place of Business:

DIANNE OWEN, FLORIDA ATLANTIC UNIVERSITY
DEPT. BIOL. SCIENCES, 2912 COLLEGE AVENUE
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

FLEPPC
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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OWEN, DIANNE
FLORIDA ATLANTIC UNIVERSITY, BIOL. SCIENCE
2912 COLLEGE AVENUE
DAVIE, FL 33314 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: DT
Name: OWEN, DIANNE
Address: FAU, BIOL. SCIENCE, 2912 COLLEGE AVE
City-St-Zip: DAVIE, FL 33314

Title: DS
Name: BURGESS, HILLARY
Address: FAIRCHILD GARDEN, 10109 OLD CUTLER ROAD
City-St-Zip: CORAL GABLES, FL 33156

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

I hereby 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 all other like empowered.

SIGNATURE: DIANNE OWEN

DT

05/02/2010

Electronic Signature of Signing Officer or Director

Date