

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25664

FILED
Mar 15, 2011
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:

DIANNE OWEN, FLORIDA ATLANTIC UNIVERSITY
DEPT. BIOL. SCIENCES, 777 GLADES ROAD
BOCA RATON, FL 33431 US

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 ()**

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:

OWEN, DIANNE
1467 NE 36 STREET
OAKLAND PARK, FL 33334 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: _____

Electronic Signature of Registered Agent

03/15/2011

Date

OFFICERS AND DIRECTORS:

Title: DT
Name: OWEN, DIANNE
Address: 1467 NE 36 STREET
City-St-Zip: OAKLAND PARK, FL 33334

Title: DS
Name: COOLEY, HILLARY
Address: EVERGL. NAT'L PRK, 40001 STATE ROAD 9336,
City-St-Zip: HOMESTEAD, FL 33034

Title: C
Name: BURCH, JIM
Address: BICY, 33100 TAMMIAMI TRAIL EAST
City-St-Zip: OCHOPEE, FL 34141

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

Electronic Signature of Signing Officer or Director

DT

03/15/2011

Date