

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 27, 2012**  
**Secretary of State**

DOCUMENT# N92000000821

**Entity Name:** FLORIDA STATE HORTICULTURAL SOCIETY, INC.**Current Principal Place of Business:**700 EXPERIMENT ROAD  
LAKE ALFRED, FL 33850 US**New Principal Place of Business:****Current Mailing Address:**700 EXPERIMENT ROAD  
LAKE ALFRED, FL 33850 US**New Mailing Address:****FEI Number:** 59-3175758**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**OSWALT, CHRIS  
1702 HIGHWAY 17 SOUTH  
BARTOW, FL 33831 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: CB  
Name: POPENOE, JUANITA  
Address: 1951 WOODLEA ROAD  
City-St-Zip: ORLANDO, FL 32778

Title: P  
Name: OSWALT, CHRIS  
Address: 1702 HIGHWAY 17 SOUTH  
City-St-Zip: BARTOW, FL 33831

Title: ST  
Name: OSWALT, CHRIS  
Address: 1702 HIGHWAY 17 SOUTH  
City-St-Zip: BARTOW, FL 33831

Title: PE  
Name: ETXEBERRIA, ED  
Address: 700 EXPERIMENT STATION ROAD  
City-St-Zip: LAKE ALFRED, FL 33850

Title: A  
Name: NEFF, MICHAEL  
Address: 1018 DUKE STREET  
City-St-Zip: ALEXANDRIA, VA 22314

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: MICHAEL NEFF

A

11/27/2012

Electronic Signature of Signing Officer or Director

Date