

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:24

DOCUMENT # N94000001547 (8)

1. Corporation Name

THE BOTANICAL GARDEN, INC.

Principal Place of Business

Mailing Address

272 ROSE APPLE LANE
NAPLES FL 33961

272 ROSE APPLE LANE
NAPLES FL 33961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1994

3a. Date of Last Report

4. FEI Number

65-0511429

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.033,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

READ, ROBERT W
272 ROSE APPLE LANE
NAPLES FL 33961

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME ALSBROOK, CONNIE
STREET ADDRESS 677 PALM CIRCLE E.
CITY ST ZIP NAPLES FL 33940

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

Change Addition

TITLE D
NAME ALSBROOK, DR. RETT
STREET ADDRESS 677 PALM CIRCLE E.
CITY ST ZIP NAPLES FL 33940

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

DT
Fuller, Robert
2430 Coach House Lane
Naples, FL 33942

Change Addition

TITLE D
NAME CRANDALL, JEFF
STREET ADDRESS 2440 LONGBOAT DR.
CITY ST ZIP NAPLES FL 33942

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

D
Harris, Zola
2571 Windward Way
Naples, FL 33940

Change Addition

TITLE D
NAME CRAWFORD, PENNIE
STREET ADDRESS 11581 RIGGS RD.
CITY ST ZIP NAPLES FL 33961

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

D
Eschauzier, Jan
646 Parkview Ln.
Naples, FL 33940

Change Addition

TITLE DC
NAME READ, ROBERT W
STREET ADDRESS 272 ROSE APPLE LANE
CITY ST ZIP NAPLES FL 33961

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

Change Addition

TITLE DV
NAME FERGUSON, WILMA
STREET ADDRESS 3420 GULF SHORE BLVD., N#38
CITY ST ZIP NAPLES FL 33940

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert W. Read Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert W. Read

6/13/95

793-1074