FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1006

1990					
DOCUMENT # N9400001547 (8) 1. Corporation Name					
THE BOTANICAL GARDEN, INC.					
	ON WHOLE CHINDLESS STORY			1 (001)101 114 1611 1184 16111 1	i Afini Bunia Belan India: Brini Braia babi babi
	· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business Mailing Address				e saarnan And Lante Brildt Bailt Billt	s anus maste dining sinds milit hildet Coll 1006
ALLEN CA C. AAAAA		272 ROSE APPLE LANE	<u> </u>		
NAPLES FL	33961	NAPLES FL 33961			
				3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Place of Business 2a. Mailing Address				03/23/1994	07/24/1995
<u> </u>		2a. Mailing Address		4. FEI Number 65-0511429	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Z ip	Country	28 Zip	T Country	Trust Fund Contribution	Added to Fees
24	25	29 29	Country 30	8. This corporation has liability for	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren		[30]	Florida Statutes 10. Name and Address of New F	☐ Yes ☐ No Registered Agent
			81 Name	Dalant Onto	
READ, ROBERT W 82 Street Address				clress (P.O., Box Number is Not Acceptate	.1_3
272 ROSE APPLE LANE			<u> </u>	584 EXChange	Blud Ste'cl
NAPLES FL 33961 83				Vanles 1	
			84 City I	Varior	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above-named corpo	oration submits this statement for the pur	FL 33942
	ered agent, or both, in the State of Floric with, and accept the obligations of, Secti			oration submits this statement for the pur ard of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		TE: Registered Agent signature requir		DATE
TITLE	DS OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	
NAME	ALSBROOK, CONNIE			onnie Alsbrook	Change Addition
STREET ADORESS	677 PALM CIRCLE E.			677 Palm Circle 6	=
CITY-ST-ZIP	NAPLES FL 33940				740
THTLE	DT FINED POREDT	DELETE		DT	Change Addition
NAME STREET ADDRESS	FULLER, ROBERT 2430 COACH HOUSE LANE	. ,		Hen Jones	م
CITY-ST-ZIP	NAPLES FL		_	1527 DORAHOO AK	
TITLE	D	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE	Vapes, F1 33	940 □ Change Addition
NAME	HARRIS, ZOLA	A	3.2 NAME	leben, Jack	_ ~ ~
STREET ADDRESS	2571 WIONDWARD WAY		3 3 STREET ADDRESS	1/35 Cypress woo	0.5
CITY-ST-ZIP	NAPLES FL	Page	3.4. CITY-ST-ZIP	Naples, Fl 33	5940
TITLE NAME	d Eshauzier, Jan	DELETE	4 1 TITLE	DY '	Change Addition
STREET ADDRESS	646 PARKVIEW LANE		4. 2 NAME	shauzier, Jan	0.00
CITY-ST-ZIP	NAPLES FL	_	4.3 STREET ADDRESS 4 4 CITY - STI- ZIP	046 Parkviću k Naples, Fl 3	3940
TITLE	DC	DELETE	51 TITLE	Pohert Peterser	
NAME	READ, ROBERT W	/\	T	2165 SIST Terrs	
STREET ADDRESS	272 ROSE APPLE LANE		E 2 CERETT ADDRESS	Naples IFI z	
CITY-ST-ZIP TITLE	NAPLES FL 33999 DV	DELETE	54 CHT-31-2P	ivupies 1H 33	3999
NAME	FERGUSON, WILMA	X DECEIE	61 TITLE	aphne Paff	Change Addition
STREET ADDRESS	3420 GULF SHORE BLVD., N#	¹ 36	6 2 NAME 6 3 STREET ADDRESS	aphne Katt	·
CITY-ST-ZIP	NAPLES FL 33940		64 CHTY-ST-ZIP	Naples Florid	. <u>A</u>
14. Ldo hereb	ov certify that the information supplied w	ith this filing is voluntarily furnis	shod and does not a allf.	Caraba and	
	I am an officer or director of the coroor				same legal effect as if made under