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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000001547 (8)

1. Corporation Name

THE BOTANICAL GARDEN, INC.



Principal Place of Business

3584 EXCHANGE BLVD
SUITE C
NAPLES FL 34104
US

Mailing Address

3584 EXCHANGE BLVD
SUITE C
NAPLES FL 34104
US

3. Date Incorporated or Qualified

03/23/1994

4. FEI Number

65-0511429

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

PETERSON, ROBERT
3584 EXCHANGE BLVD
SUITE C
NAPLES FL 33942

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

10. Name and Address of New Registered Agent

81 Name

GARY A. PATTERSON

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

3584 Exchange Blvd.

83

Suite C

84 City

Naples

FL

85 Zip Code
33942

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 provisions 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 reinstating)

DATE

27 May 98

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ALSBROOK, CONNIE
STREET ADDRESS 677 PALM CIRCLE E.
CITY-ST-ZIP NAPLES FL

TITLE DT ☐ DELETE
NAME JONES, ELLEN
STREET ADDRESS 4527 DORANDO AVE
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE
NAME LIEBER, JACK
STREET ADDRESS 1135 CYPRESS WOODS
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE
NAME ESHAUIER, JAN
STREET ADDRESS 648 PARKVIEW LANE
CITY-ST-ZIP NAPLES FL

TITLE DC ☐ DELETE
NAME PETERSEN, ROBERT
STREET ADDRESS 2165 51ST TERRACE SW
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE
NAME AFAFF, DAPHNE
STREET ADDRESS 3420 GULF SHORE BLVD., N#36
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/O ☐ Change ☒ Addition
1.2 NAME VICE-CHAIRMAN / V-P
1.3 STREET ADDRESS GALLAGHER, SUSAN
1.4 CITY-ST-ZIP 77 CENTER STREET
NAPLES, FL ☒ Change ☐ Addition

2.1 TITLE D/O ☒ Change ☐ Addition
2.2 NAME TREASURER
2.3 STREET ADDRESS JONES, ELLEN
2.4 CITY-ST-ZIP 4527 DORANDO AVE. DR.
NAPLES, FL ☐ Change ☒ Addition

3.1 TITLE D/O ☐ Change ☒ Addition
3.2 NAME CHAIRMAN / PRESIDENT
3.3 STREET ADDRESS GARY A. PATTERSON
3.4 CITY-ST-ZIP 1209 Ridge Street
NAPLES, FL ☐ Change ☒ Addition

4.1 TITLE D/O ☐ Change ☒ Addition
4.2 NAME SECRETARY
4.3 STREET ADDRESS Steven N. Nagle
4.4 CITY-ST-ZIP 1629 N. Flossmoor Rd.
Ft. Myers, Florida 33919 ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ellen Jones

1/7/98

CR2E037 (10/97)