FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N95000001150 (0)**

1. Corporation Name
SUNCOAST NATIVE PLANT SOCIETY, INC.

Principal Place of Business	Mailing Address
10502 N. HAMNER AVE. TAMPA FL 33612	P.O. BOX 15578 TAMPA FL 33684-5578

3. Date Incorporated or Qualified: 03/08/1995
3a. Date of Last Report:

2. Principal Place of Business
21 13205 BURNES LAKE DR
Suite, Apt. #, etc. 22
City & State 23 TAMPA FL
Zip 24 33612 Country 25 HILLSBOROUGH

2a. Mailing Address
26 PO BOX 82893
Suite, Apt. #, etc. 27
City & State 28 TAMPA FL
Zip 29 33682 Country 30 HILLSBOROUGH

4. FEI Number: 59-3308941 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STROHMENGER, CARL L
10502 N. HAMNER AVE.
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: FREDRICK G SPRIGGS
82 Street Address (P.O. Box Number is Not Acceptable): 13205 BURNES LAKE DR
83
84 City: TAMPA FL 85 Zip Code: 33612

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: Fredrick G Spriggs FREDRICK SPRIGGS CHAIRMAN 7-11-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FEES DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	(D)	☒ DELETE	1.1 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	CARL L STROHMENGER		1.2 NAME	FRED SPRIGGS (D)	
STREET ADDRESS	10502 N. HAMNER		1.3 STREET ADDRESS	13205 BURNES LAKE DR	
CITY-ST-ZIP	TAMPA, FL 33612		1.4 CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	(D)	☒ DELETE	2.1 TITLE	VICE CHAIRMAN	☐ Change ☒ Addition
NAME	SHERYL BOWMAN		2.2 NAME	WILL MORIATY (D)	
STREET ADDRESS	PO BOX 1515		2.3 STREET ADDRESS	1001 WEST BAKER ST	
CITY-ST-ZIP	LUTZ FL 33549		2.4 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	(D)	☒ DELETE	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	MATTHEW S BRADFORD		3.2 NAME	DOUGLAS MC DOWELL (D)	
STREET ADDRESS	6210 N. SHELDON Rd		3.3 STREET ADDRESS	21050 MORGAN Rd	
CITY-ST-ZIP	TAMPA FL 33615		3.4 CITY-ST-ZIP	LAND O'LAKES, FL 34639	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	700001917107	
TITLE		☐ DELETE	6.1 TITLE	-08/08/96--01099--003	☐ Change ☐ Addition
NAME			6.2 NAME	***61.25	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Fredrick Spriggs FREDRICK SPRIGGS (CHAIR) 813-935-1317 7-8-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #