

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90015 020 ****61.25

DOCUMENT # N95000001150	
1. Entity Name SUNCOAST NATIVE PLANT SOCIETY, INC.	

Principal Place of Business 13205 BURNES LAKE DR. TAMPA, FL 33612	Mailing Address P.O. BOX 82893 TAMPA, FL 33682
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24077231



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

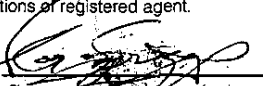
03192003 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3308941	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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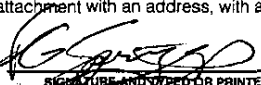
6. Name and Address of Current Registered Agent	
SPRIGGS, FREDRICK G 13205 BURNES LAKE DR. TAMPA, FL 33612	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  FREDRICK SPRIGGS	DATE 4/6/04
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPRIGGS, FRED	NAME	
STREET ADDRESS	13205 BURNES LAKE DR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	
TITLE	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KISH, GEORGE R	NAME	
STREET ADDRESS	15018 MEADOWLAKE ST	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556	CITY-ST-ZIP	
TITLE	VCD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WUNDERLIN, RICHARD P	NAME	
STREET ADDRESS	2013 CURRY RD	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	
TITLE	VCD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WRIGHT, HARRIETT	NAME	
STREET ADDRESS	4215 WATER OAKS LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAILEY, AMEE	NAME	
STREET ADDRESS	2602 GIDDENS AVE	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  FREDRICK SPRIGGS	DATE 4/6/04 DAYTIME PHONE # 813-287-6297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	