2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State
01-12-2006 90167 031 ****61.25

DOCUMENT # N95000001150

1. Entity Name
SUNCOAST CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC.

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

01092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
	PO Box 1158
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: SEFFNER FL
Zip / Country	Zip: 33583-1158 / Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPRIGGS, FREDRICK G 13205 BURNES LAKE DR. TAMPA, FL 33612	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLOUSER, PATRICIA 614 PARSONS RESERVE CT SEFFNER, FL 33584	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOB SCHEIBLE 6220 EURECA SPRINGS RD TAMPA, FL 33610	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KISH, GEORGE R 15018 MEADOWLAKE ST ODESSA, FL 33556	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WRIGHT, HARRIETT 4215 WATER OAKS LANE TAMPA, FL 33624	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRIGHT, HARRIET 4215 WATER OAKS LANE TAMPA FL 33624	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAILEY, AMEE 920 KRISTINA CT AUBURNDALE, FL 33823	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOANN HOFFMAN 11120 STAFFORD LA RIVERVIEW, FL 33569-4540	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY MILLER 802 CONGRESS CT TAMPA, FL [redacted] 33613	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patricia Clouser, Treasurer 1-9-2006 813-662-7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #