2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-22-2008 90082 030 ****61.25
N95000001150

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001150

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

Principal Place of Business	Mailing Address
13205 BURNES LAKE DR. /change TAMPA, FL 33612	P.O. BOX 1158 SEFFNER, FL 33583-1158

01172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
802 Congress CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33613 Country	Zip Country

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 Change →	Name: John C Miller Street Address (P.O. Box Number is Not Acceptable): 802 Congress CT City: Tampa, FL Zip Code: 33613

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: John C Miller Treasurer/Director — January 17, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 MILLER, JOHN C ← change add initial 802 CONGRESS CT TAMPA, FL 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Funk, Margaret 601 S. Parsons Ave Seffner, FL 33584	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRINGER, TROY 13831 HWY 92 DOVER, FL 33527	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Denton, Shirley P.O. Box 555 Thonotosassa, FL 33592-555	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRIGHT, HARRIET 4215 WATER OAKS LANE TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOFFMAN, JOANN 11120 STAFFORD LANE RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MILLER, MARY 802 CONGRESS ST TAMPA, FL 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7/7/15	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, JAMES 10407 DEEP BROOK DR RIVERVIEW, FL 33569	☐ 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: John C Miller Treasurer/Director — 1/17/2008 — 813-960-8132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #