2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

DOCUMENT# N95000001150

Entity Name: SUNCOAST NATIVE PLANT SOCIETY, INC.

Current Principal Place of Business:

19204 AUTUMN WOODS AVE.
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1158
SEFFNER, FL 33583 US

New Mailing Address:

FEI Number: 59-3308941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBRIGHT, DAPHNE
19204 AUTUMN WOODS AVE.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD
Name: LAMBRIGHT, DAPHNE
Address: 19204 AUTUMN WOODS AVE.
City-St-Zip: TAMPA, FL 33647 US

Title: VPD
Name: SPRINGER, TROY
Address: 13831 HWY 92
City-St-Zip: DOVER, FL 33527 US

Title: PD
Name: DENTON, SHIRLEY
Address: 11763 TAYLOR ROAD
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: SD
Name: HIGGINBOTHAM, DEVON
Address: 6322 BARTON ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title: D
Name: PARSONS, GAIL
Address: 14346 WADSWORTH DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: D
Name: CHICONE, RONALD E JR
Address: 1426 CORNER OAKS DRIVE
City-St-Zip: BRANDON, FL 33510 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAPHNE D. LAMBRIGHT TD 01/14/2011

Electronic Signature of Signing Officer or Director Date