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NONPROFIT CORPORATION ANNUAL REPORT



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

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1996

DOCUMENT #
1. Corporation Name

N95000003626 (7)

REDLAND TROPICAL GARDENS AND BOTANICAL FOUNDATIO N, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip	
2. Principal Place of Business 2. A. Mailing Address 4. FET Number 2. 2. Mailing Address 4. FET Number 2. 2. Mailing Address 4. FET Number 2. 2. Mailing Address 4. FET Number 3. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State 2. City & State 2. City & State 3. City & State 4. City & State 5. Certificate of Status Desired City & State 6. Election Campaign Financin Trust Fund Contribution In T	
Suite, Apt. #, etc. Suite, Ap	ed 3a. Date of Last Report
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country 28	Applied For
City & State Ci	Not Applicable
City & State Zep Zep Country Zip Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	\$8.75 Additional Fee Required
Zip Country Zip Country Similar Name State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the familiar with, and accept the obligation of Section 617,0502 and 617 1508, Florida Statutes. Florida Statutes Signature Si	95 00 Nov. Pa
BUSTER, MARGI 24050 SW 162ND AVENUE HOMESTEAD FL 33031 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors in hereby accept the registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors in hereby accept the registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors in hereby accept the registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors in hereby accept the registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors in hereby accept the registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors in hereby accept the registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors in hereby accept the register of Florida, Such change was authorized by the corporation's board of directors in hor the provisions of provisions and provisions and provisions and provisions and provisions are floridated by the corporation submits this statement for the provisions and provisions are floridated by the corporation submits this statement for the provisions and pr	Added to Fees
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the 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 standard with, and accept the obligations of Section 617.0503 Florida Statutes. SIGNATURE Signature	
Or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the obligation of Subon 617,0500 Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS THE D D DELETE 11 TITLE NAME BUSTER, MARGI 12 NAME SIREET ADDRESS 24050 SW 162ND AVENUE 13 STREET ADDRESS CITY-S1-ZIP HOMESTEAD FL 33031 14 CITY-S1-ZIP TITLE D D DELETE 21 TITLE NAME PEARSON, STEPHEN D 22 NAME SIREET ADDRESS 2474 SW 27TH TERRACE 23 STREET ADDRESS 24 CITY-S1-ZIP NAME STUART, LARRY 32 NAME SIREET ADDRESS 13334 BISCAYNE DRIVE APT. B 33 STREET ADDRESS 11 TITLE NAME STUART, LARRY 32 NAME SIREET ADDRESS 13334 BISCAYNE DRIVE APT. B 33 STREET ADDRESS 14 CITY-S1-ZIP TITLE D CELETE 41 TITLE NAME BALLARD, MARY ANN 42 STREET ADDRESS POST OFFICE BOX 218 N/A 43 STREET ADDRESS POST OFFICE BOX 218 N/A 44 CITY-S1-ZIP TITLE D D DELETE 51 TITLE NAME DOBSON, BILL 52 NAME STREET ADDRESS 1300N, BILL 52 NAME STREET ADDRESS 15 STREET AD	FL 85 Zip Code
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SIGNATURE	appointment as registered agent. I am
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO 0 ITILE D	11/4/01
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CITY-ST-ZIP 64 CITY-ST-ZIP	
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 1 certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have 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	the came local affect on if made under

SIGNATURE: __