FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N95000003626 (7)

1. Corporation Name

REDLAND TROPICAL GARDENS AND BOTANICAL FOUNDATIO N, INC.

Principal Place of Business	Mailing Address
24050 SW 162ND AVENUE HOMESTEAD FL 33031	24050 SW 162ND AVENUE HOMESTEAD FL 33031

3. Date Incorporated or Qualified: 07/31/1995

3a. Date of Last Report:

2. Principal Place of Business
21:

Suite, Apt. #, etc.
22:

City & State
23:

Zip
24:

Country
25:

2a. Mailing Address
26:

Suite, Apt. #, etc.
27:

City & State
28:

Zip
29:

Country
30:

4. FEI Number: ☒ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

BUSTER, MARGI
24050 SW 162ND AVENUE
HOMESTEAD FL 33031

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE: M M Buster M M Buster 1/15/96
Signature, typed or printed name of Registered Agent and Title if applicable (NOTE: Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BUSTER, MARGI		12 NAME		
STREET ADDRESS	24050 SW 162ND AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	PEARSON, STEPHEN D		22 NAME		
STREET ADDRESS	2474 SW 27TH TERRACE		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	STUART, LARRY		32 NAME		
STREET ADDRESS	13334 BISCAYNE DRIVE APT. B		33 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33033-1925		34 CITY-ST-ZIP		
TITLE	D	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BALLARD, MARY ANN		42 NAME		
STREET ADDRESS	POST OFFICE BOX 218 N/A		43 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL 33170		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	DOBSON, BILL		52 NAME		
STREET ADDRESS	1015 DOVE AVENUE		53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166-3206		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M M Buster 1/15/96 247-2062 245-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)