

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003626

FILED
Jun 14, 2008
Secretary of State

Entity Name: REDLAND TROPICAL GARDENS AND BOTANICAL FOUNDATION, INC.

Current Principal Place of Business:

240 NORTH KROME AVENUE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

240 NORTH KROME AVENUE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 65-0655603 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSTER, MARGIE
240 NORTH KROME AVENUE
HOMESTEAD, FL 33030 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: D () Delete
Name: BUSTER, MARGIE
Address: 240 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: CAMPBELL, RUTH
Address: 240 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: MULHERN, PAUL
Address: 240 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: WALDMAN, MERVIN
Address: 240 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RUTH CAMPBELL

D

06/14/2008

Electronic Signature of Signing Officer or Director

Date