CORPORATION ANNUAL REPORT 1995

Florida Department of State
Division of Corporations
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000926 (7)

1. Corporation Name

PALM BEACH COUNTY CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC.

Principal Place of Business	Mailing Address
7080 HYPOLUXO FARMS ROAD LAKE WORTH FL 33463	7080 HYPOLUXO FARMS ROAD LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0402004 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ ~~$68.75~~ Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

MOYROUD, RICHARD
202 GROVE WAY
DELRAY BEACH FL 33444

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RUFINO, OSORIO	1.2 NAME	
STREET ADDRESS	2184 AMBERGATE LANE / STE - E	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	RANALDO, TERESA A	2.2 NAME	HELEN I. BEERS
STREET ADDRESS	901 18TH AVE N	2.3 STREET ADDRESS	1441 BRIAN WAY
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417 ☒ Change ☐ Addition
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	MOYROUD, RICHARD	3.2 NAME	
STREET ADDRESS	202 GROVE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	JAMESON, SYLVIA W	4.2 NAME	
STREET ADDRESS	12750 HAGEN RANCH RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JOANNE	5.2 NAME	
STREET ADDRESS	7667 PARK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BOYAR, DANIEL	6.2 NAME	
STREET ADDRESS	712 S.W. 3RD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	6.4 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)(i), 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: Richard Moyroud 25 APR 95 (407) 967-2630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000107