FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 814109

1. Corporation Name

MONTGOMERY BOTANICAL CENTER, INC.

Principal Place of Business 4520 EAST WEST HWY #530

BETHESDA MD 20814

Mailing Address

4520 EAST WEST HWY STE 530

BETHESDA MD 20814

FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90120 015 ****61.25

*	٠,	176828 -	90120 -	13	 ,

US	00									
2. Principal P	lace of Business 1 OLD Cutler Rd 28 //901	oss OLD Cu	4/e n	e Rd	3	3. Date Incorporated or Qualifed 12/21/1959	-			
Suite, Apt.	#, etc. Suite, Apt. #,	etc.				4. FEI Number			Appl	ied For
22	27	_				13-6153649			Not	Applicable_
City & State	City & State PL 28 MIAM	u FL				5. Certifcate of Status Desired			75 Ad e Req	iditional uired
Zip 3.3 /	25 USA 29 3315	6 30	Country DS	A		Election Campaign Financing Trust Fund Contribution	<u></u>		M 00.	lay Be Fees
,	9. Name and Address of Current Registered Agent		Ī			10. Name and Address of New	Registered /	Agent		
			81	Name						
	TATES CORPORATION COMPANY		82	Street	Address (P.O. Box Number is Not Acceptable)					
1201 HAY	'S STREET									
SUITE 10	5		83							
TALLAHA	TALLAHASSEE FL 32301					·	FL	85	Zip Co	de
office or n agent. I a	to the provisions of Sections 617.0502 and 617.1508, Floric egistered agent, or both, in the State of Florida. Such chan m familiar with, and accept the obligations of, Section 617.0	ge was authori	ized by	the corpo	corpora oration's	ation submits this statement for the s board of directors. I hereby acce	e purpose of e ept the appoir	changin tment a	g its regi	gistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Regist	tered Agen	nt signature n	equired wi	hen reinstating)	DATE			
12.	OFFICERS AND DIRECTORS	1	13.			ADDITIONS/CHANGES TO O	FFICERS AN	D DIRE	CTOR	S IN 12
TITLE	DV D	ELETE 1.	.1 TITLE		>			Cha	nge	☐ Addition
NAME	LOYD, KELLY	1	2 NAME	l	_					
STREET ADDRESS	2215 AMBASSADOR DR NE APT7	1	.3 STREET	ADDRESS						
CITY-ST-ZIP	ALBNGNERGUR NM 87112	1.	.4 CITY-ST	T-ZIP		•				
TITLE	VSTD DE	LETE 2.	.1 TITLE					☐ Cha	nge	Addition
NAME	HAYNES, WALTER D	2	2 NAME							
STREET ADORESS	5407 SPANGLER AVE	2	.3 STREET	ADDRESS						
CITY-ST-ZIP	BETHESDA MD	2	. 4 CITY-S	iT-ZIP						
TITLE	D		.1 TITLE					Cha	nge	Addition
NAME	MONTGOMERY, ARTHUR	3	2 NAME							
STREET ADDRESS	112 SHERIDAN AVE	3	3 STREET	ADDRESS						
CITY-ST-ZIP	HO-HO-KUS NJ		.4. CITY-S							
TITLE	770 770		.1 TITLE					Cha	nge	Addition
NAME	SMILEY, KARL		2 NAME	Į					-	
STREET ADDRESS	9979 SW 52ND AVE			ADDRESS						
CITY-ST-ZIP	MIAMI FL		4 CITY-ST							
TITLE			1 TITLE	. 241				☐ Cha	nge	☐ Addition
NAME	PETER MANZ		2 NAME					_	-	_ -
STREET ADDRESS	2380 BAY VILLAGE COURT	5	.3 STREET	ADORESS						
CITY-ST-ZIP	PALM BCH GARDENS FL	5	4 CITY-ST	T-ZIP						
TITLE		ELETE 6.	1 TITLE					☐ Chai	nge	☐ Addition
NAME	BELLAMY, JEANNE		2 NAME					_	•	
STREET ADDRESS	2718 SECOVIA ST			ADDRESS I						,
CITY OF THE	CORAL GARLES FL		4 CITY-ST	!						t

14. I hereby certify that the information supplied with this filing 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, own an attachment with an address, with all other like empowered.

SIGNATURE:

305- 667-3800

176828-90120-15

Montgomery Botanical Center 11901 Old Cutler Road Miami FL 33156

1999 Non Profit Corporation Annual Report

Item 12 Additional Director

D Nicholas Kelly 1050 San Pedro Avenue Coral Gables FL 33156