

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90355 041 \*\*\*\*61.25

**DOCUMENT # N92000000926**

1. Entity Name  
**PALM BEACH COUNTY CHAPTER OF THE FLORIDA  
NATIVE PLANT SOCIETY, INC.**

Principal Place of Business  
31 FRANKLIN RD.  
WEST PALM BEACH, FL 33405 US

Mailing Address  
31 FRANKLIN RD.  
WEST PALM BEACH, FL 33405 US



2. Principal Place of Business

3. Mailing Address

04272004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0402004**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLOCKELMAN, CYNTHIA H  
31 FRANKLIN RD.  
WEST PALM BEACH, FL 33405**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | VP                        | <input type="checkbox"/> Delete            |
| NAME           | SERBESOFF-KING, KRISTINA  |  |
| STREET ADDRESS | 351 PILGRIM RD.           |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33405 |  |
| TITLE          | PD                        | <input type="checkbox"/> Delete            |
| NAME           | RANALDO, TERRY            |  |
| STREET ADDRESS | 901 18TH AVENUE N         |  |
| CITY-ST-ZIP    | LAKE WORTH, FL 33460      |  |
| TITLE          | S                         | <input type="checkbox"/> Delete            |
| NAME           | BUDDUG, MAIR E            |  |
| STREET ADDRESS | 531 DATE PALM DR.         |  |
| CITY-ST-ZIP    | LAKE PARK, FL 33403       |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | PLOCKELMAN, CYNTHIA       |  |
| STREET ADDRESS | 311 FRANKLIN ROAD         |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33405 |  |
| TITLE          | TD                        | <input type="checkbox"/> Delete            |
| NAME           | HUNTER, GLORIA S          |  |
| STREET ADDRESS | 1716 13TH AVENUE NORTH    |  |
| CITY-ST-ZIP    | LAKE WORTH, FL 33460      |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | MILLER, RAYMOND E JR      |  |
| STREET ADDRESS | 107 NATURES WAY           |  |
| CITY-ST-ZIP    | ROYAL PALM BEACH, FL 334  |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          | PAST PRESIDENT                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          | EDITOR                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          | PRESIDENT                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          | SECRETARY                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BARBARA J. LIBERMAN            |  |
| STREET ADDRESS | 4422 ANNA LAKE                 |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33406-7512 |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CYNTHIA H. PLOCKELMAN, PRESIDENT**

**April 27, 2004** (561) 585 1278

Date

Daytime Phone #