

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32908

FILED
Mar 16, 2006
Secretary of State

Entity Name: INTERAMERICAN SOCIETY FOR TROPICAL HORTICULTURE, INC.

Current Principal Place of Business:

11935 OLD CUTLER ROAD
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

11935 OLD CUTLER ROAD
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 65-0127202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, DR. RICHARD J
11935 OLD CUTLER ROAD
MIAMI, FL 33156 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: DST () Delete
Name: CAMPBELL, RICHARD J DR
Address: 11935 OLD CUTLER ROAD
City-St-Zip: MIAMI, FL 33156

Title: P () Delete
Name: ALTAGRACIA, RIVIERA C DR
Address: APARTADO POSTAL 567-2
City-St-Zip: SANTO DOMINGO, DR 43560 DR

Title: V () Delete
Name: ROBERT, ROUSE DR
Address: UNIV. OF FLORIDA, 2686 STATE RD 29 NORTH
City-St-Zip: IMMOKALEE, FL 34142 US

Title: D () Delete
Name: LEDESMA, NORIS MS
Address: 11935 OLD CUTLER RD.
City-St-Zip: CORAL GABLES, FL 33156 US

Title: D () Delete
Name: MANGAN, FRANK DR
Address: BOWDETH HALL, UNIV OF MASS.
City-St-Zip: AMHERST, MA 01003 US

Title: D () Delete
Name: MARROQUIN, LILA DR
Address: UNIV. CHAPINGO
City-St-Zip: CHAPINGO MEXICO, MX 86039 MX

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
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City-St-Zip:

Title: () Change () Addition
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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 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: RICHARD J. CAMPBELL

DST

03/16/2006

Electronic Signature of Signing Officer or Director

Date