I hereby 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 all other like empowered.

TREASURER

SIGNATURE: EDWIN W LIPPINCOTT

Electronic Signature of Signing Officer/Director Detail

(

SIGNATURE:

	Electronic Signature of Registered Agent			
Officer/Dire	ctor Detail :			
Title	DP	Title	TD	
Name	VOELKER, ROSEMARIE	Name	LIPPINCOTT, EDWIN W	
Address	400 N SUNSET BLVD	Address	2817 JACK NICKLAUS WAY	
City-State-Zip:	GULF BREEZE FL 32561-4060	City-State-Zip:	SHALIMAR FL 32579-2227	
Title	SD			
Name	VANDERPOOL, LELAND			
Address	902 MIDDLE DRIVE			
City-State-Zip:	FORT WALTON BEACH FL 32547-			

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.

Name and Address of Current Registered Agent:

2817 JACK NICKLAUS WAY SHALIMAR, FL 32579-2227 US

Entity Name: FORT WALTON BEACH BONSAI SOCIETY, INC. **Current Principal Place of Business:**

2817 JACK NICKLAUS WAY SHALIMAR, FL 32579-2227

DOCUMENT# N0000002302

Current Mailing Address:

2817 JACK NICKLAUS WAY SHALIMAR, FL 32579-2227 US

FEI Number: 59-3631436

LIPPINCOTT, EDWIN W

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 05, 2018 Secretary of State CC2987496706

Certificate of Status Desired: No

01/05/2018

Date

Date