

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000011244

**Entity Name:** SPARKLEBERRY CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC.

**FILED**  
**Apr 07, 2015**  
**Secretary of State**  
**CC9768011396**

**Current Principal Place of Business:**

11752 204TH STREET  
O'BRIEN, FL 32071-2434

**Current Mailing Address:**

11752 204TH STREET  
O'BRIEN, FL 32071-2434

**FEI Number: 27-4426064**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SULLIVAN, CAROL  
11752 204TH STREET  
O'BRIEN, FL 32071-2434 US

*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

**Officer/Director Detail :**

Title PD  
Name MCFARLAND, LAUREN  
Address 5870 NE 56TH ST  
City-State-Zip: HIGH SPRINGS FL 32643-6170

Title DS  
Name KOEPPPEL, KATHLEEN  
Address PO BOX 461  
City-State-Zip: FORT WHITE FL 32038

Title TD  
Name SEE, NANCY  
Address PO BOX 102  
City-State-Zip: O'BREIN FL 32071-0102

Title D  
Name SULLIVAN, CAROL  
Address 11752 204TH STREET  
City-State-Zip: O'BRIEN FL 32071-2434

*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.*

**SIGNATURE: CAROL SULLIVAN**

**DIRECTOR**

**04/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date