#### DOCUMENT# N13000011455

## Entity Name: PORT ST. LUCIE BOTANICAL GARDENS FOUNDATION, INC.

## **Current Principal Place of Business:**

PORT ST LUCIE BOTANICAL GARDENS FOUNDATION, INC 2410 SE WESTMORELAND BLVD PORT ST. LUCIE, FL 34952

# **Current Mailing Address:**

PORT ST LUCIE BOTANICAL GARDENS FOUNDATION, INC 2410 SE WESTMORELAND BLVD PORT ST. LUCIE, FL 34952 US

## FEI Number: 46-4335571

### Name and Address of Current Registered Agent:

BARNES, MARK T CPA PORT ST LUCIE BOTANICAL GARDENS FOUNDATION, INC 2410 SE WESTMORELAND BLVD PORT ST. LUCIE, FL 34952 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	MARK T BARNES		04/14/2015	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	PD	Title	VPD	
Name	MCAFOOS, RICHARD	Name	BERGER, MICHELLE	
Address	2410 SE WESTMORELAND BLVD	Address	2410 SE WESTMORELAND BLVD	
City-State-Zip:	PORT ST. LUCIE FL 34952	City-State-Zip:	PORT ST. LUCIE FL 34952	
Title	STD	Title	DIRECTOR	
Name	BARNES, MARK T CPA	Name	HARRELL, GAYLE	
Address	PORT ST LUCIE BOTANICAL GARDENS FOUNDATION, INC 2410 SE WESTMORELAND BLVD	Address	PORT ST LUCIE BOTANICAL GARDENS FOUNDATION, INC 2410 SE WESTMORELAND BLVD	
City-State-Zip:	PORT ST. LUCIE FL 34952	City-State-Zip:	PORT ST. LUCIE FL 34952	
Title	DIRECTOR	Title	DIRECTOR	
Name	MOWERY, TOD	Name	COCHRAN, PAT	
Address	PORT ST. LUCIE BOTANICAL GARDENS FOUNDATIO 2410 SE WESTMORELAND BLVD	Address	PORT ST. LUCIE BOTANICAL GARDENS FOUNDATIO 2410 SE WESTMORELAND BLVD	
City-State-Zip:	PORT ST. LUCIE FL 34952	City-State-Zip:	PORT ST. LUCIE FL 34952	
Title	DIRECTOR	Title	DIRECTOR	
Name	GARRETT, STEVEN	Name	MOORE, MARCIA	
Address	PORT ST. LUCIE BOTANICAL GARDENS FOUNDATIO 2410 SE WESTMORELAND BLVD	Address	PORT ST. LUCIE BOTANICAL GARDENS FOUNDATIO 2410 SE WESTMORELAND BLVD	
City-State-Zip:	PORT ST. LUCIE FL 34952	City-State-Zip:	PORT ST. LUCIE FL 34952	

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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: MARK BARNES

SECRETARY/TREASURER 04/14/2015

FILED Apr 14, 2015 Secretary of State CC6393808459

Certificate of Status Desired: No

# **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	PRENTICE, ANITA
Address	PORT ST. LUCIE BOTANICAL GARDENS FOUNDATIO 2410 SE WESTMORELAND BLVD
City-State-Zip:	PORT ST. LUCIE FL 34952