

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15068

**Entity Name:** FLORIDA NATIVE PLANT SOCIETY, INC.

**Current Principal Place of Business:**

1808 W WATROUS AVE  
TAMPA, FL 33606

**FILED**  
**Apr 12, 2024**  
**Secretary of State**  
**3263675558CC**

**Current Mailing Address:**

PO BOX 278  
MELBOURNE, FL 32902 US

**FEI Number: 59-2676375**

**Certificate of Status Desired: No**

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

LYNDA, DAVIS  
1808 W WATROUS AVE  
TAMPA, FL 33606 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:** LYNDA DAVIS

04/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BONNIE, BASHAM  
Address 10797 WADESBORO RD  
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER  
Name MORAN, CHRISTOPHER  
Address 1918 VINELAND  
City-State-Zip: TALLAHASSEE FL 32317

Title PRESIDENT  
Name MARK, KATELI  
Address 1601 ROCK LAKE DR  
City-State-Zip: ORLANDO FL 32805

Title VICE PRESIDENT FOR ADMINISTRATION  
Name PHILIPS, ATHENA  
Address PO BOX 1066  
City-State-Zip: LECANTO FL 34460

Title VICE PRESIDENT OF FINANCE  
Name REDMOND, ANN  
Address 758 DUPARC CIRCLE  
City-State-Zip: TALLAHASSEE FL 32312

Title EXECUTIVE DIRECTOR  
Name LYNDA, DAVIS  
Address 1808 W WATROUS AVE  
City-State-Zip: TAMPA FL 33606

*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:** LYNDA DAVIS

**EXECUTIVE DIRECTOR**

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date