

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25664

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC7630820804**

**Entity Name:** FLORIDA EXOTIC PEST PLANT COUNCIL, INCORPORATED

**Current Principal Place of Business:**

DIANNE OWEN, FLORIDA ATLANTIC UNIVERSITY  
DEPT. BIOL. SCIENCES, 777 GLADES ROAD  
BOCA RATON, FL 33431

**Current Mailing Address:**

FLEPPC  
PO BOX 23426  
FT. LAUDERDALE, FL 33307

**FEI Number:** 65-0140632

**Certificate of Status Desired:** Yes

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

OWEN, DIANNE  
1467 NE 36 STREET  
OAKLAND PARK, FL 33334 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 DT  
Name OWEN, DIANNE  
Address 1467 NE 36 STREET  
City-State-Zip: OAKLAND PARK FL 33334

Title DS  
Name COOLEY, HILLARY  
Address EVERGL. NAT'L PRK, 40001 STATE  
ROAD 9336,  
City-State-Zip: HOMESTEAD FL 33034

Title C  
Name GIARDINI, DENNIS  
Address 300 TOWER ROAD  
City-State-Zip: NAPLES FL 34113

*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:** V. DIANNE OWEN

**TREASURER**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date