

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814109

Entity Name: MONTGOMERY BOTANICAL CENTER, INC.**Current Principal Place of Business:**11901 OLD CUTLER RD
MIAMI, FL 33156**Current Mailing Address:**11901 OLD CUTLER RD
MIAMI, FL 33156 US**FEI Number:** 13-6153649**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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 ASST. SECRETARY
Name SACHER, CHARLES S
Address 1429 SAPERA AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title ST
Name HAYNES, WALTER D
Address 917 1ST ST. #702
City-State-Zip: JACKSONVILLE FL 32250

Title PRES
Name KELLY, NICHOLAS
Address 640 ARVIDA PARKWAY
City-State-Zip: CORAL GABLES FL 33156

Title VP
Name SMILEY, KARL DR
Address 9979 FAIRCHILD WAY
City-State-Zip: MIAMI FL 33156

Title D
Name MANZ, PETER
Address 2068 AUTUMN LANE
City-State-Zip: VERO BEACH FL 32963

Title VP
Name SACHER, CHARLES P
Address 7341 SW 162 STREET
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name POPENOE, JUANITA
Address 605 CHOCKLAW ST
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name SMILEY, MARK
Address 624 KINGFISH RD
City-State-Zip: N. PALM BEACH FL 33408

Continues on page 2

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: DR. KARL SMILEY

VICE PRESIDENT

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MANZ, DAVID
Address	7705 WAHOO DR
City-State-Zip:	MARATHON FL 33050