

2024 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	SECRETARY
Name	SACHER, CHARLES S
Address	1429 SAPERA AVENUE SUITE 815
City-State-Zip:	CORAL GABLES FL 33134

Title	ASST. SECRETARY, ASST. TREASURER
Name	HAYNES, WALTER D ESQ.
Address	1404 SPINNAKERS REACH DR.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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

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

Title	DIRECTOR
Name	POPENOE, JUANITA
Address	2204 FON DU LAC
City-State-Zip:	HENRICO VA 23229

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

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

Title	PRESIDENT
Name	KELLY, L PATRICK
Address	2200 N GREENWAY DRIVE
City-State-Zip:	CORAL GABLES FL 33134

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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: M. PATRICK GRIFFITH**EXECUTIVE DIRECTOR****02/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PEARSON, STEPHEN
Address 10665 SW 62 AVE.
City-State-Zip: MIAMI FL 33156

Title EXEC DIRECTOR
Name GRIFFITH, M. PATRICK
Address 11901 OLD CUTLER ROAD
City-State-Zip: CORAL GABLES FL 33156

Title DIRECTOR
Name KELLY, NICHOLAS D.
Address 8255 NW 56 STREET
City-State-Zip: MIAMI FL 33166

Title DIRECTOR
Name HAYNES, COL. JUSTIN
Address 10 ADAMS STREET
City-State-Zip: FORT BRAGG NC 28307

Title DIRECTOR
Name SMILEY, SCOTT W.
Address 326 THORNBERG DR.
City-State-Zip: TALLAHASSEE FL 32312-1591