## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7090

(5)

## SARASOTA SUCCULENT SOCIETY

Principal Place	e of Busines	s	Mailir	Mailing Address				I (DO)    FODA   OBANA NONIN DO    DANA	HEDI OLDIK OLDIK GADI		iitii sidii itdi	
1310 38TH ST SARASOTA FL				1310 38TH STREET SARASOTA FL 34234-4604								
								3. Date Incorporated or Qualified 05/27/1965	3a. Date of 03/6	,est Fl <b>)8/1</b> 8	eport <b>196</b>	
2. Principal Pl	lace of Busin	ness	2a. M 26	2a. Mailing Address 26				4. FEI Number Applied For Not Applicable				
Suite, Apt	#, etc.		27 S					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			28 C	City & State				Election Campaign Financing     Trust Fund Contribution				
Zip <b>24</b>	Country 25		<b>29</b>	Zip 29		y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curren			Registered Agent				10. Name and Address of New Re	gistered Agent			
					81		Name					
STONE, ROBERT M. 310 23RD AVE WEST				82 Street A			Street Ad	dress (P.O. Box Number is Not Acceptat	le)	<del></del>		
BRADENTON FL 34205					63							
					84	1	City		FL 85	Zip (	Code	
office or re	egistered ac	ions of Sections 617.09 gent, or both, in the Sta ith, and accept the obl	te of Florida.	Such change was	authorized b	νt	named co the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of chan	ging it ent as	s registered registered	
SIGNATURE		•	_		-			•				
	Signature, typed	or printed name of registered t					signature red	quired, when reinstating)	DATE			
12.	SD	OFFICERS A	ND DIRECTO	DELETE	13.	,	<del></del>	ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	:CTOF hange	Addition	
NAME	KENNEDY, ELIZABETH					1.7 TIFLE			·	Janye .	Agostion	
STREET ADORESS		EBBER ST.			1.3 STREE		DOBESS	•				
CITY-ST-ZIP		OTA FL			1.4 CITY-1							
TITLE	PD	7-7-		☐ DELETE	2.1 TITLE	<u> </u>			c	nange	Addition	
NAME		r, Phyllis			2.2 NAME				100			
STREET ADDRESS		ulf of Mexico Di	<b>AVE</b>		2.3 STREE	TAI	DORESS					
CITY-ST-ZIP		OAT KEY FL			2.4 CITY-	ST	- ZIP					
TITLE	VD			☐ DELETE	3.1 TITLE				□ c	hange	Addition	
NAME		HEDWIG			3.2 NAME							
STREET ADDRESS		ALAU DRIVE			3.3 STREE	TAI	DORESS					
CITY-ST-ZIP		OTA FL		Delete	3.4. CITY-	\$T	- ZIP				0.4466	
TITLE	TD	DODERT		☐ DELETE	4.1 TITLE				L V	hange	Addition	
NAME		, ROBERT			4. 2 NAME						- 1	
STREET ADDRESS		rd ave W. Nton Fl			4.3 STREE							
CITY-ST-ZIP	DIVAUE	NION FL		☐ DELETE	4.4 CITY-1	ST-	ZIP		□ c	hanne	Addition	
TITLE				☐ NETELE	5.1 TITLE				·	нице		
NAME execut deposes					5.2 NAME		DDDEGS					
STREET ADDRESS					5.3 STREE							
CITY-ST-ZIP TITLE				☐ DELETE	5.4 CITY - : 6.1 TITLE	81.	LIP			hance	Addition	
NAME				_ beech	6.2 NAME		l		<b>ں</b>	-wilde	L. radinol	
							DDDCCC					
STREET ADDRESS	l				6.3 STREE	ı A	INDINE 39					

6.4 City-St-ZiP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

urer 9/1

Daytime Phone # 0063152

**FILED** 

Apr 18 1997 8:00am

Secretary of State