## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # 709047** 01-18-2005 90047 029 \*\*\*\*61.25 SARÁSOTA SUCCULENT SOCIETY Mailing Address Principal Place of Business 1310 38TH STREET 40002317 **1310 38TH STREET** SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Cha-NP CR2E037 (10/03) 4. FEI Number 23-7317366 Applied For City & State City & State Not Applicable \$8.75 Additional Fee Required Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANG, HEDWIG Street Address (P.O. Box Number is Not Acceptable) 4158 PALAU DR SARASOTA, FL 34241 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when rematating) DATE 9. Election Campaign Financing filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. BRENDA COSBY Delete TITLE TITLE 334 BIRD KEY DRIVE SARASCIA, FLORIDA 34846 WOODWARD, MARIAN NAME MAME 7553 FAIR LINKS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP WILDA MEIER TITLE MI F Delete NAME ROBBINS, DERRICK NAME 4621 LONGLEAF LANE SARASOTA, FLORIDA 34241 1113 GUIFORD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP □ Delete MLE LANG, HEDWIG NAME NAME STREET ADDRESS 4158 PALAU DRIVE STREET ADDRESS SARASOTA, FL 34241 CITY-ST-ZIP CITY-ST-ZIP TIRE CSD ☐ Delete TITLE ☐ Addition LOGAN, LOUISE NAME NAME 4293 OAK HURST DRIVE STREET ADDRESS STREET ADDRESS SARASOTA, FL 34233 CITY-ST-ZIP CITY-ST-ZIP VD TILE ☐ Delete ☐ Change ☐ Addition WELLFORD, NANCY NAME NAME 4431 CAMINO REAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL-34231 CITY-ST-ZIP Change ☐ Addition MLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Jan 18, 2005 8:00 am