

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 11, 2008
Secretary of State

DOCUMENT# 736361

Entity Name: THE INTERNATIONAL PALM SOCIETY, INCORPORATED**Current Principal Place of Business:**11901 OLD CUTLER RD
MIAMI, FL 33156**New Principal Place of Business:****Current Mailing Address:**11901 OLD CUTLER RD
MIAMI, FL 33156**New Mailing Address:****FEI Number:** 59-0829820**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CRAFT, PAUL
16745 WEST EPSON DRIVE
LOXAHATCHEE, FL 33470 US**Name and Address of New Registered Agent:**NOBLICK, LARRY
11901 OLD CUTLER ROAD
MIAMI, FL 33156 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: LARRY R. NOBLICK

09/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAFT, PAUL
Address: 16745 WEST EPSON DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD () Delete
Name: OSTADAL, KATHRYN
Address: 114 MELROSE DR.
City-St-Zip: DESTREHAN, LA 70047

Title: SD () Delete
Name: NOBLICK, LARRY
Address: 11901 OLD CUTLER RD.
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: LUNDKVIST, BO
Address: P.O. BOX 2071
City-St-Zip: PAHOA, HI 967782071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUNDKVIST, BO-GORAN
Address: P.O. BOX 2071
City-St-Zip: PAHOA, HI 96778 US

Title: TD (X) Change () Addition
Name: MERRITT, MICHAEL
Address: P.O. BOX 492463
City-St-Zip: KEEAU, HI 96749 US

Title: SD (X) Change () Addition
Name: NOBLICK, LARRY
Address: 11901 OLD CUTLER RD.
City-St-Zip: MIAMI, FL 33156 US

Title: VPD (X) Change () Addition
Name: DEMOTT, JOHN
Address: 18455 SW 264TH ST.
City-St-Zip: HOMESTEAD, FL 33031 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY R. NOBLICK

SD

09/11/2008

Electronic Signature of Signing Officer or Director

Date