

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737376

FILED
Jan 08, 2008
Secretary of State

Entity Name: FLORIDA AQUATIC PLANT MANAGEMENT SOCIETY, INCORPORATED

Current Principal Place of Business:

2002 E MICHIGAN ST
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 560700
ORLANDO, FL 32856 US

New Mailing Address:

FEI Number: 59-2108135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, JENNIFER
4305 BOMBER ROAD
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PONTIUS, VICKI
Address: 4344 GEORGE BLVD
City-St-Zip: SEBRING, FL 33875

Title: S () Delete
Name: WALTERS, STEPHANIE
Address: PO BOX 200
City-St-Zip: PLYMOUTH, FL 32768

Title: T () Delete
Name: MYERS, JENNIFER
Address: 4305 BOMBER ROAD
City-St-Zip: BARTOW, FL 33930

Title: D () Delete
Name: HARRIS, TIM
Address: 602 N PALM AVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: ROBBIE, LOVESTRAND
Address: 6355 SOUTH FLORIDA AVE
City-St-Zip: FLORAL CITY, FL 34436

Title: D () Delete
Name: DREW, JOHNNIE
Address: PO BOX 1429
City-St-Zip: PALATKA, FL 32178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUBOSE, CHANCE
Address: 602N PALM AVE
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EVERTSEN, JOHN
Address: 1030 SOUTH WOODS AVE
City-St-Zip: ORLANDO, FL 32805

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: JENNIFER L MYERS

TRES

01/08/2008

Electronic Signature of Signing Officer or Director

Date