FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744315 (3)

1. Corporation Name

TREASURE COAST BONSAI SOCIETY INC.

Principal Place of Business	Mailing Address
826 22ND AVE. VERO BEACH FL 32960	826 22ND AVE. VERO BEACH FL 32960

3. Date Incorporated or Qualified: 09/19/1978
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-2335697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, JAMES J.
826 22ND AVE.
VERO BEACH, FL. FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: James J. Smith DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD D	☐ DELETE	1.1 TITLE	~~CEO~~ D	☐ Change ☒ Addition
NAME	KNOX, MICHAEL		1.2 NAME	JIM VAN LANDINGHAM	
STREET ADDRESS	1891 SANDALWOOD RD E		1.3 STREET ADDRESS	513 TURTLE CIRCLE	
CITY-ST-ZIP	VERO BCH FL		1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	S	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEIGHTON, LILLIAN		2.2 NAME		
STREET ADDRESS	1900 5TH AVE SW		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLOCKER, ROBERT		3.2 NAME		
STREET ADDRESS	P O BOX 401 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE FL		3.4 CITY-ST-ZIP		
TITLE	VD D		4.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, SHEILA		4.2 NAME		
STREET ADDRESS	5208 SUSON LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	100001855021 -06/07/96--01013--027 ***61.25	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	05-01-96 OR	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: Treasurer 3-16-96 407 346 5733
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #