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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32960-3936

2. Principal Place of Business 21 513 TURTLE CIRCLE Suite, Apt. #, etc. 22 SATELLITE BEACH, FL City & State 23 Zip 24 32937 Country 25 USA	2a. Mailing Address 26 513 TURTLE CIRCLE Suite, Apt. #, etc. 27 City & State 28 SATELLITE BEACH, FL Zip 29 32937 Country 30 USA

3. Date Incorporated or Qualified: 09/19/1978
3a. Date of Last Report: 05/01/1996
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	10. Name and Address of New Registered Agent
SMITH, JAMES J. 826 22ND AVE. VERO BEACH, FL. FL 32960	81 Name JIM VAN LANDINGHAM 82 Street Address (P.O. Box Number is Not Acceptable) 513 TURTLE CIRCLE 83 84 City SATELLITE BEACH, FL 85 Zip Code 32937

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 JIM VAN LANDINGHAM Jim Van Landingham 5/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	TD	☒ Change ☒ Addition
NAME	KNOX, MICHAEL		1.2 NAME	BRETT CHRISTINA	
STREET ADDRESS	1891 SANDALWOOD RD E		1.3 STREET ADDRESS	901 LAREDO LANE	
CITY-ST-ZIP	VERO BCH FL		1.4 CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LANDINGHAM, JIM V		2.2 NAME	CHERYL CARPENTIER	
STREET ADDRESS	513 TURTLE CIRCLE		2.3 STREET ADDRESS	12173 RIVERBEND ROAD	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, SHEILA		3.2 NAME		
STREET ADDRESS	5208 SUSON LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ 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		

CR2E037 (9/96)

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 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.