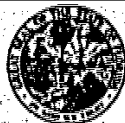


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:46

DOCUMENT # 744825 (1)

1. Corporation Name

THE MARIE SELBY BOTANICAL GARDENS, INC.

Principal Place of Business

Mailing Address

811 S PALM AVE
SARASOTA FL 34236

811 S PALM AVE
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/02/1978** 3a. Date of Last Report **02/23/1994**

4. FEI Number **59-1848965** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, PRISCILLA R
811 S PALM AVE
SARASOTA FL 34236

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CTR
NAME	KOSKI, ROBERT E.
STREET ADDRESS	988 MID OCEAN CIR.
CITY - ST - ZIP	SARASOTA FL
TITLE	VCTR
NAME	ROBBINS, WENDY
STREET ADDRESS	561 HARBOR POINT RD.
CITY - ST - ZIP	LONGBOAT KEY FL
TITLE	TR
NAME	CLENDENIN, WILLIAM F.
STREET ADDRESS	1752 NORTH DR.
CITY - ST - ZIP	SARASOTA FL
TITLE	STR
NAME	SHAW, TIMOTHY S
STREET ADDRESS	720 ORANGE AVE S
CITY - ST - ZIP	SARASOTA FL
TITLE	T
NAME	ANTRIM, ROBERT W.
STREET ADDRESS	7622 WEEPING WILLOW CIRCLE
CITY - ST - ZIP	SARASOTA FL
TITLE	M
NAME	MITCHELL, PRISCILLA R
STREET ADDRESS	811 S PALM AVE
CITY - ST - ZIP	SARASOTA FL

1.1 TITLE	T/TR	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	C/TR	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VC/TR	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	TR	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	S/TR	☐ Change ☒ Addition
5.2 NAME	KAPLAN, SYLVAN	
5.3 STREET ADDRESS	435 L'AMBIANCE DRIVE	
5.4 CITY - ST - ZIP	LONGBOAT KEY, FL 34228	
6.1 TITLE	M	☐ Change ☒ Addition
6.2 NAME	BIERNER, MARK W.	
6.3 STREET ADDRESS	1904 IRVING STREET	
6.4 CITY - ST - ZIP	SARASOTA, FL 34236	

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: Mark W. Bierner MARK W. BIERNER

(813) 366-6731