FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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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

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

MITCHELL, PRISCILLA R
811 S PALM AVE
SARASOTA FL 34236

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 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 _____ 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	CTR	1.1 TITLE	T/TR	☒ Change ☐ Addition
NAME	KOSKI, ROBERT E.	1.2 NAME		
STREET ADDRESS	988 MID OCEAN CIR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	VCTR	2.1 TITLE	C/TR	☒ Change ☐ Addition
NAME	ROBBINS, WENDY	2.2 NAME		
STREET ADDRESS	561 HARBOR POINT RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP		
TITLE	TR	3.1 TITLE	VC/TR	☒ Change ☐ Addition
NAME	CLENDENIN, WILLIAM F.	3.2 NAME		
STREET ADDRESS	1752 NORTH DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	STR	4.1 TITLE	TR	☒ Change ☐ Addition
NAME	SHAW, TIMOTHY S	4.2 NAME		
STREET ADDRESS	720 ORANGE AVE S	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	S/TR	☐ Change ☒ Addition
NAME	ANTRIM, ROBERT W.	5.2 NAME	KAPLAN, SYLVAN	
STREET ADDRESS	7622 WEEPING WILLOW CIRCLE	5.3 STREET ADDRESS	435 L'AMBIANCE DRIVE	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	M	6.1 TITLE	M	☐ Change ☒ Addition
NAME	MITCHELL, PRISCILLA R	6.2 NAME	DIERNER, MARK W.	
STREET ADDRESS	811 S PALM AVE	6.3 STREET ADDRESS	1904 IRVING STREET	
CITY-ST-ZIP	SARASOTA FL	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)(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.

SIGNATURE: Mark W. Dierner MARK W. DIERNER (813)366-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018606