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 # **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

3. Date Incorporated or Qualified: **11/02/1978**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

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 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 _____ 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	TTR	☐ DELETE	1.1 TITLE	TR	☒ Change ☐ Addition
NAME	KOSKI, ROBERT E.		1.2 NAME		
STREET ADDRESS	988 MID OCEAN CIR.		1.3 STREET ADDRESS	5135 Willow Leaf Dr.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	CTR	☐ DELETE	2.1 TITLE		☐ 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	VDTR	☐ DELETE	3.1 TITLE	S/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	TR	☐ DELETE	4.1 TITLE	V/TR	☐ Change ☒ Addition
NAME	SHAW, TIMOTHY S		4.2 NAME	Harris, Richard N.	
STREET ADDRESS	720 ORANGE AVE S		4.3 STREET ADDRESS	565 Sanctuary Drive, #506B	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	Sarasota, FL 34228	
TITLE	STR	☐ DELETE	5.1 TITLE	T/TR	☐ Change ☒ Addition
NAME	KAPLAN, SYLVAN		5.2 NAME	Antrim, Robert W.	
STREET ADDRESS	435 L'AMBIANCE DRIVE		5.3 STREET ADDRESS	7622 Weeping Willow Circle	
CITY-ST-ZIP	LONGBOAT KEY FL		5.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	M	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BIERNER, MARK W		6.2 NAME		
STREET ADDRESS	1904 IRVING STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

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: Mark W. B _____ Mark W. Bierner _____ (941)366-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #