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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744825**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/02/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1848965 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	CTR	☐ DELETE	1.1 TITLE	TR	☒ Change ☐ Addition
NAME	HARRIS, RICHARD H		1.2 NAME		
STREET ADDRESS	565 SANCTUARY DR #506B		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP	34228	
TITLE	TTR	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CONOVER, SHILIP L		2.2 NAME	CONOVER, PHILIP L. T	
STREET ADDRESS	8218 CYPRESS HOLLW DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		2.4 CITY-ST-ZIP	34238	
TITLE	TR	☒ DELETE	3.1 TITLE	S/TR	☐ Change ☒ Addition
NAME	CLENDENIN, WILLIAM F.		3.2 NAME	LOUISE HENDERSON	
STREET ADDRESS	1752 NORTH DR.		3.3 STREET ADDRESS	1708 CHEROKEE DRIVE	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	TR	☒ DELETE	4.1 TITLE	TR	☐ Change ☒ Addition
NAME	SHAW, TIMOTHY S		4.2 NAME	JACK JOST	
STREET ADDRESS	720 ORANGE AVE S		4.3 STREET ADDRESS	4807 PEREGRINE PT CIRCLE WEST	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	VCTR	☐ DELETE	5.1 TITLE	C/TR	☒ Change ☐ Addition
NAME	HEARD, J GARRETT IV		5.2 NAME		
STREET ADDRESS	811 S PALM AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	34236	
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	34236	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED MARK W. BIERNER 1/25/99 (941) 366-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #