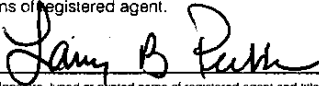
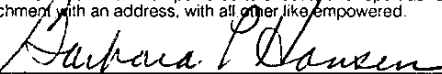


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90283 046 ****61.25

DOCUMENT # 744825 1. Entity Name THE MARIE SELBY BOTANICAL GARDENS, INC.					
Principal Place of Business 811 S PALM AVE SARASOTA, FL 34236			Mailing Address 811 S PALM AVE SARASOTA, FL 34236		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-1848965				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERKINS, LARRY B 811 S. PALM AVE. SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. 2-25-05 DATE (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC HANSEN, BARBARA 100 SANDS PT. RD. LONGBOAT KEY, FL 34228	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAUNDERS, MICHAEL 1801 MAIN ST. SARASOTA, FL 34236	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAUST, MARTIN 1687 SOUTH DR. SARASOTA, FL 34239	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, MARTIN 3140 BAYOU SOUND LONGBOAT KEY, FL 34228	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED LOWMAN, MARGARET 811 S PALM AVE SARASOTA, FL 34236	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  2/25/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50023255



01102005 Chg-NP CR2E037 (10/03)