## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90188 009 \*\*\*\*61.25

DOCUMENT # 744825  1. Entity Name THE MARIE SELBY BOTANICAL GARDENS, INC.					4 UUU & 2 U U			
Principal Plac 811 S PALM SARASOTA, 1		Mailing Address 811 S PALM AVE SARASOTA, FL 34236	1	.   1904/07		,	IIII <b>ki di Adf</b> i	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	)					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	01042007	Chg-NP	CR2E037 (12/06)		
City & Stat	е	City & State		4. FEI Numb 59-184	per 18965	<del>    -</del>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$8.75 Add Fee Require	ditional d	
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New	Registered Agent		
MORGAN, DONA M 811 S PALM AVE SARASOTA, FL 34236				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	е	
SIGNATURE	Signature, typed or profited name of registered agent	<u> </u>	E: Registered Agent signs	ture required when reinstating)		DATE  Make check payable t		
	Due by May 1, 2007		Contribution.	\$5.00 May I		orlda Department of S		
	OFFICERS AND DE	DECTORS.	44	1 10000 10 1 000				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DII TC HANSEN, BARBARA 100 SANDS PT. RD. L ONGROAT KEY FL 34228	RECTORS  Deleie	11. TITLE NAME STREET ADDRESS CITY-ST-7IP	ADDITIONS/CH V P JANICE HOLE 1343 MAIN	Y 57 #302			
TITLE NAME	TC HANSEN, BARBARA		TITLE	ADDITIONS/CH	Y 57 #302	☐ Change	10	
TITLE NAME STREET ADDRESS C:TY-ST-ZIP TITLE NAME STREET ADDRESS	TC HANSEN, BARBARA 100 SANDS PT. RD. LONGBOAT KEY, FL 34228 VP SAUNDERS, MICHAEL 1801 MAIN ST.	<b>T</b> ≰L Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CH VP JANICE HOLI 1343 MAIN SARASOTA PRESIDENT FETER BI 1515 RINGO	Y	☐ Change	i 10	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPEDOB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2007

941-366-573) Daytime Phone #