

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759567

FILED
Mar 26, 2008
Secretary of State

Entity Name: IKENOBO IKEBANA SOCIETY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1212 S.W. 17TH STREET
FT. LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

14569 HORSESHOE TRACE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2224240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAJAGOPALAN, NORIKO
14569 HORSESHOE TRACE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VRANA, KAORU
Address: 1212 S.W. 17TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: VPD () Delete
Name: JONES, KATHY
Address: 4322 FILLMORE STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VPD () Delete
Name: KOVNER, ELEANOR
Address: 139 ISLE VERDE WAY
City-St-Zip: PALM BEACH GARDEN, FL 33418 US

Title: TD () Delete
Name: RAJAGOPALAN, NORIKO
Address: 14569 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: DRS () Delete
Name: JONES, MARGARET
Address: 327 NATHAN HALE ROAD
City-St-Zip: WEST PALM BEACH, FL 33405 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORIKO RAJAGOPALAN

TD

03/26/2008

Electronic Signature of Signing Officer or Director

Date