SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **763724** **(2)**

1. Corporation Name

FLORIDA CHAPTER, AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS, INC.

Principal Place of Business	Mailing Address
315 E ROBINSON ST. SEE ATTACHED STE. 505 ORLANDO FL 32801 US CHANGE OF ADDRESS	315 E. ROBINSON ST. SUITE 505 ORLANDO FL 32801 US

3. Date Incorporated or Qualified: 06/16/1982	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2459949	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS $61.25
8. Does corporation owe liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1843 NW 39TH DRIVE	26 1843 NW 39TH DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: GAINESVILLE, FL	28 City & State: GAINESVILLE, FL
24 Zip: 32605 25 Country: USA	29 Zip: 32605 30 Country: USA

9. Name and Address of Current Registered Agent

PORTER, THOMAS J.
315 E. ROBINSON STREET
, SUITE 505
, ORLANDO 32801

10. Name and Address of New Registered Agent

81 Name: DANA MCCLAIN
82 Street Address (P.O. Box Number is Not Acceptable): 1843 N.W. 39TH DRIVE
83
84 City: GAINESVILLE FL 85 Zip Code: 32605

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: X Dana McClain (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 7/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	TD	☒ Change ☐ Addition
NAME	CONANT, RICK	12 NAME	DANA MCCLAIN	
STREET ADDRESS	455 S ORANGE AVE., #501	13 STREET ADDRESS	1843 N.W. 39TH DRIVE	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	GAINESVILLE, FL, 32605	
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	FELTHAM, MARY E	22 NAME	NANCY SIEMON	
STREET ADDRESS	3824 PARK AVE	23 STREET ADDRESS	2601 S BAYSHORE DRIVE	
CITY ST ZIP	COCONUT GROVE FL	24 CITY ST ZIP	MIAMI, FL. 33133	
TITLE	PD	31 TITLE	VD	☒ Change ☐ Addition
NAME	SIEGEL, JEFFREY L	32 NAME	S. RAYMOND LOPEZ	
STREET ADDRESS	400 N.W. 73RD AVENUE	33 STREET ADDRESS	631 SOUTH ORLANDO AVE	
CITY ST ZIP	PLANTATION FL	34 CITY ST ZIP	WINTER PARK, FL. 32789	
TITLE	VD	41 TITLE	PRESIDENT (PD)	☒ Change ☐ Addition
NAME	COPE, MACK A	42 NAME	COPE, MACK A	
STREET ADDRESS	3260 INVERNESS CT	43 STREET ADDRESS	3260 INVERNESS CT	
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	ORLANDO, FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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.

SIGNATURE: X Dana McClain 7/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000183

CR2E037 (3/95)