


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90104 019 ****61.25

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1. Entity Name
BONSAI SOCIETY OF THE PALM BEACHES, INC.



Principal Place of Business
 PO BOX 8962
 JUPITER, FL 33468-8962 US

Mailing Address
 PO BOX 8962
 JUPITER, FL 33468-8962 US

60002505



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2211686

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GORDON, RON
 17521 BRIDLE LN.
 JUPITER, FL 33478

7. Name and Address of New Registered Agent

Name **TERRY WOLFE**
 Street Address (P.O. Box Number is Not Acceptable)
10618 MISTY LANE
 City **ROYAL PALM BEACH FL** Zip Code **33411-3071**

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 *Terry Wolfe* **TERRY WOLFE** DATE

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	CARVER, CAROLYN	
STREET ADDRESS	18200 WOODSIDE TRAIL	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARTRETI, MIKE	
STREET ADDRESS	1230 N 'B' STREET	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CARYER, CAROLYN	
STREET ADDRESS	18200 WOODSIDE TRAIL	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WOLFE, TERRY	
STREET ADDRESS	10618 MISTY LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD WHALEN	
STREET ADDRESS	907 FOX POINTE CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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: *Carolyn Carver* **CAROLYN CARVER** DATE **1/18/07** DAYTIME PHONE # **561-746-5074**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #