2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 814109

Entity Name: MONTGOMERY BOTANICAL CENTER, INC.

Current Principal Place of Business:

11901 OLD CUTLER RD
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

11901 OLD CUTLER RD
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 13-6153649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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:	D	( ) Delete
Name:	KELLY, LOYD	
Address:	11095 LAKESIDE DR	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	ST	( ) Delete
Name:	HAYNES, WALTER D	
Address:	917 1ST ST. #702	
City-St-Zip:	JACKSONVILLE, FL 32250	
Title:	D	( ) Delete
Name:	KELLY, NICHOLAS	
Address:	640 ARVIDA PARKWAY	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	VP	( ) Delete
Name:	SMILEY, KARL DR	
Address:	9979 FAIRCHILD WAY	
City-St-Zip:	MIAMI, FL 33156	
Title:	D	( ) Delete
Name:	MANZ, PETER	
Address:	2068 AUTUMN LANE	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	P	( ) Delete
Name:	SACHER, CHARLES P	
Address:	7341 SW 162 STREET	
City-St-Zip:	MIAMI, FL 33157	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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: DR. KARL SMILEY VP 04/13/2009

Electronic Signature of Signing Officer or Director — Date