

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006055

FILED  
Jun 09, 2009  
Secretary of State

Entity Name: PEOPLE FOR TREES, INC.

## Current Principal Place of Business:

3597 FROUDE STREET  
NORTH PORT, FL 34286

## New Principal Place of Business:

## Current Mailing Address:

3597 FROUDE STREET  
NORTH PORT, FL 34286

## New Mailing Address:

FEI Number: 59-3669626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

WHITE, ALICE  
3597 FROUDE STREET  
NORTH PORT, FL 34286      US

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: WHITE, ALICE  
Address: 3597 FROUDE ST  
City-St-Zip: NORTH PORT, FL 34286

Title: VPV ( ) Delete  
Name: MASSEY, LINDA  
Address: 221 SCHOONER ST.  
City-St-Zip: NORTH PORT, FL 34287

Title: T ( ) Delete  
Name: OLLINGER, VALERIE  
Address: 6756 VAN CAMP ST  
City-St-Zip: NORTH PORT, FL 34286

Title: SD ( ) Delete  
Name: DOERSAM, DORIS  
Address: 3656 SLAYTON AVE.  
City-St-Zip: NORTH PORT, FL 34286

Title: DR ( ) Delete  
Name: HALE, ALLAIN  
Address: 5327 DENSAW AVE.  
City-St-Zip: NORTH PORT, FL 34286

Title: DR ( ) Delete  
Name: NICOL, MARY  
Address: 5800 SABAL TRACE DRIVE # 401  
City-St-Zip: NORTH PORT, FL 34287

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: GOLDMAN, BONITA  
Address: 3880 PINSTAR TERR.  
City-St-Zip: NORTH PORT, FL 34287

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: ALICE WHITE

PD

06/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date