2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State
02-23-2005 90070 023 ****61.25

DOCUMENT # N01000001078

1. Entity Name

THE FLORIDA WILDFLOWER FOUNDATION, INC.

50018029

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
1126 BRANDT DRIVE TALLAHASSEE FL 32308 US	1126 BRANDT DRIVE TALLAHASSEE FL 32308 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 26-7940407 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENRY, GARY L 1126 BRANDT DRIVE TALLAHASSEE FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUMBERG, BENJAMIN DR 3900 COMMONWEALTH BLVD., MS 49 TALLAHASSEE FL 32399-3000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Greg Jubinsky¢ 3800 Commonwealth Blvd. MS 705 Tallahassee, Florida 32399 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHAAG, CAROLYN 22125 DRAWBRIDGE DR. LEESBURG FL 34748-2303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRYLIE, DAVID PO BOX 1330 CHRISTMAS FL 32709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jeff Caster 605 Suwannee Street MS 37 Tallahassee, Florida 32399 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY, GARY L 1126 BRANDT DRIVE TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Terril Nell P.O. Box 110670 Gainesville, Florida 32611-0670 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACKAY, ANNE 12050 E. HWY 25 OCKLAWAHA FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDELS, ROCKY 105 POLK AVENUE CAPE CANAVERAL FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kathleen Patterson 2232 Northeast Jacksonville Road Ocala, Florida 34470-3440 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Schaag Carolyn Schaag, Treasurer 2/10/05 (352)365-6434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #