

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90400 050 ****61.25

DOCUMENT # N01000001078

1. Entity Name

THE FLORIDA WILDFLOWER FOUNDATION, INC.



Principal Place of Business

1126 BRANDT DRIVE
TALLAHASSEE FL 32308
US

Mailing Address

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

1st MOORE

CR2E037 (10/05)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 NAME STREET ADDRESS CITY - ST - ZIP	D JUBINSKY, GREG 3600 COMMONWEALTH BLVD MS 705 TALLAHASSEE FL 32399	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHAAG, CAROLYN 22125 DRAWBRIDGE DR. LEESBURG FL 34748-2303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTER, JEFF 605 SUWANNEE STREET MS 37 TALLAHASSEE FL 32399	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELL, TERRIL PO BOX 110670 GAINESVILLE FL 32611-0670	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACKAY, ANNE 12050 E. HWY 25 OCCLAWAHA FL 32179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATTERSON, KATHLEEN 2233 NORTHEAST JACKSONVILLE ROAD OCALA FL 34470-3440	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D David Fasser 5729 29th Court East Bradenton, FL 34203-5353	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Nancy Rodlun 800 Mercy Drive, Ste 4 Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Schaaq* Carolyn Schaaq, Treasurer 3/20/06 (352)365-6434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Department of the Treasury
Internal Revenue Service

ATTACHMENT

OGDEN UT 84201-0038

In reply refer to: 0441429484
Jan. 27, 2006 LTR 147C 0
59-3700304 000000 00 000

01641

BODC: NOBOD

50008025
#NO1000001078

FLORIDA WILDFLOWER FOUNDATION INC
% GARY HENRY
1126 BRANDT DR
TALLAHASSEE FL 32308-5209260



000694

Employer Identification Number: 59-3700304

Dear Taxpayer:

We received your request of Jan. 18, 2006, asking us to verify your Employer Identification Number (EIN) and name.

Your Employer Identification Number (EIN) is 59-3700304. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

ATTACHMENT

FLORIDA WILDFLOWER FOUNDATION

ATTACHMENT

22125 Drawbridge Drive
Leesburg, FL 34748-2303
March 20, 2006

50008075
#1481000001078

Florida Department of State
Division of Corporations
P.O. Box 6850
Tallahassee, FL 32314

Attn: Annual Report Section

It has come to our attention that the FEI Number used by the State on documents for the Florida Wildflower Foundation, Inc. and the EIN Number used by the Internal Revenue Service were not in agreement. After lengthy research and phone conversations with both, the IRS has verified that the Employer Identification Number for the Foundation is 59-370034. Enclosed is a copy of the letter from IRS. Please change the FEI Number for the Foundation.

If additional information is needed, I may be contacted at phone (352) 365-6434, or by e-mail at Edward.Carolyn.Schaag@juno.com.

Sincerely,

Carolyn Schaag

Carolyn Schaag
Treasurer

