

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90203 007 \*\*\*\*61.25

<b>DOCUMENT # N01000001078</b> 1. Entity Name <b>THE FLORIDA WILDFLOWER FOUNDATION, INC.</b>					
Principal Place of Business <b>1126 BRANDT DRIVE TALLAHASSEE, FL 32308 US</b>			Mailing Address <b>1126 BRANDT DRIVE TALLAHASSEE, FL 32308 US</b>		
2. Principal Place of Business - No P.O. Box # <b>321 White Oak Circle</b>		3. Mailing Address <b>P.O. Box 94-1066</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Maitland, FL</b>		City & State <b>Maitland, FL</b>		4. FEI Number <b>59-3700304</b>	
Zip <b>32751</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32794-1066</b>		Country <b>Orange</b>		02082008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>HENRY, GARY L 1126 BRANDT DRIVE TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name <b>Lisa Roberts</b> Street Address (P.O. Box Number is Not Acceptable) <b>321 White Oak Circle</b> City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</b>		
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 <b>Lisa Roberts, Director</b> <b>2-29-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODLUN, NANCY 800 MERCY DR, STE. 4 ORLANDO, FL 32808</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Director Lisa Roberts 321 White Oak Circle Maitland, FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SCHAAG, CAROLYN 22125 DRAWBRIDGE DR. LEESBURG, FL 347482303</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director David Fasser 5729 29th Court East Bradenton, FL 34203-5353</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC/D CASTER, JEFF 605 SUWANNEE STREET MS 37 TALLAHASSEE, FL 32399</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Têrrie Fishman 407 S. Calhoun Street Tallahassee, FL 32399</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NELL, TERRIL PO BOX 110670 GAINESVILLE, FL 326110670</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Brightman Logan P.O.Box 1045 San Antonio, FL 33576</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D MACKAY, ANNE 12050 E. HWY 25 OCLAWAHA, FL 32179</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Terry Zinn 27715 NW 107 Street Alachua, FL 32615-3504</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PATTERSON, KATHLEEN 2233 NORTHEAST JACKSONVILLE ROAD OCALA, FL 344703440</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Walter K. Taylor, PhD 2415 Baxter Court Winter Park, FL 32792-1703</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:  Carolyn Schaag, Treasurer</b> <b>2/28/08</b> <b>352 365-6434</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					