

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001078

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** THE FLORIDA WILDFLOWER FOUNDATION, INC.

**Current Principal Place of Business:**

321 WHITE OAK CIRCLE  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 94-1066  
MAITLAND, FL 327941066 US

**New Mailing Address:**

**FEI Number:** 59-3700304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, LISA  
321 WHITE OAK CIRCLE  
MAITLAND, FL 32751 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: RODLUN, NANCY  
Address: 800 MERCY DR, STE. 4  
City-St-Zip: ORLANDO, FL 32808

Title: TD ( ) Delete  
Name: SCHAAG, CAROLYN  
Address: 22125 DRAWBRIDGE DR.  
City-St-Zip: LEESBURG, FL 347482303

Title: D ( ) Delete  
Name: CASTER, JEFF  
Address: 605 SUWANNEE STREET MS 37  
City-St-Zip: TALLAHASSEE, FL 32399

Title: D ( ) Delete  
Name: NELL, TERRIL  
Address: PO BOX 110670  
City-St-Zip: GAINESVILLE, FL 326110670

Title: D ( ) Delete  
Name: MACKAY, ANNE  
Address: 12050 E. HWY 25  
City-St-Zip: OCKLAWAHA, FL 32179

Title: D ( ) Delete  
Name: WALTOR, TAYLOR K PHD  
Address: 2415 BAXTER COURT  
City-St-Zip: WINTER PARK, FL 327921703

**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: CAROLYN SCHAAG

TD

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date