

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90324 021 ****61.25

DOCUMENT # N01000002840

1. Entity Name
**THE COCCOLOBA CHAPTER OF THE FLORIDA NATIVE
PLANT SOCIETY INC.**



Principal Place of Business
P.O. BOX 3714
NORTH FORT MYERS, FL 33918-3714

Mailing Address
P.O. BOX 3714
NORTH FORT MYERS, FL 33918-3714

50010206



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1120035

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

**LITTLETON, CAROLYNN
16184 BUCCANEER ST
BOKEELIA, FL 33956**

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 reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
TROST, CHRISTINE
18221 BUCCANEER STREET
BOKEELIA, FL 33922**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TO
Robyn Hammes
13020 Tenth Street
Ft. Myers, FL 33905**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
MURPHY, CAROLYN
7790 TROPICAL LANE
BOKEELIA, FL 33922**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BEAMISH, CELIA
359 ALTAMONT AVENUE
FORT MYERS, FL 33905**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
PRESTON, DEBORAH
1392 GAIL STREET
NORTH FORT MYERS, FL 33903**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MILLER, MARK
2343 KENT AVE
FORT MYERS, FL 339075805**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:

Robyn Hammes

Robyn Hammes

3-31-06

239 6947524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #