


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90046 036 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT #</b> N01000002840  |  |
| <b>1. Entity Name</b><br>THE COCCOLOBA CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY INC. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>P.O. BOX 3714<br>NORTH FORT MYERS FL 33918-3714 | <b>Mailing Address</b><br>P.O. BOX 3714<br>NORTH FORT MYERS FL 33918-3714 |
|---|---|



|  |  |
|--|--|
| <b>2. Principal Place of Business - No P.O. Box #</b><br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>Suite, Apt. #, etc. |
| <b>City &amp; State</b>  | <b>City &amp; State</b>                          |
| <b>Zip</b>   | <b>Country</b>                                   |

1st MOORE CR2E037 (10/06)

|   |   |
|---|---|
| <b>4. FEI Number</b><br>65-1120035  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |   |
| <b>6. Name and Address of Current Registered Agent</b><br>LITTLETON, CAROLYNN<br>16184 BUCCANEER ST<br>BOKEELIA FL 33956                    |   |
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                          |  |
|--|--|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>SD</b><br>TROST, CHRISTINE<br>16221 BUCCANEER STREET<br>BOKEELIA FL 33922 <input type="checkbox"/> Delete     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>VD</b><br>MURPHY, CAROLYN<br>7790 TROPICAL LANE<br>BOKEELIA FL 33922 <input type="checkbox"/> Delete          | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>PD</b><br>PRESTON, DEBORAH<br>1392 GAIL STREET<br>NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>D</b><br>MILLER, MARK<br>2343 KENT AVE<br>FORT MYERS FL 33907-5805 <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>TD</b><br>HAMMES, ROBYN<br>13020 TENTH ST<br>FORT MYERS FL 33905 <input type="checkbox"/> Delete              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <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:** Christine A. Trost **Christine A. Trost** **3-30-07** **283-8326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #