2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90148 040 ****61.25

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

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

04082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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: John Sibley Street Address (P.O. Box Number is Not Acceptable): 108 2nd St City: Ft Myers FL Zip Code: 33907

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] JOHN THOMAS SIBLEY 4-18-08
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, 2008

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 16221 BUCCANEER STREET BOKEELIA, FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Beth DeGrauwe 224 SE 43rd LN CAPE CORAL, FL 33904	☑ 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	PD PRESTON, DEBORAH 1392 GAIL STREET NORTH FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN THOMAS SIBLEY 108 2ND ST FORT MYERS FL 33907	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORKMAN, DICK 12271 COYLE ROAD FORT MYERS, FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAMMES, ROBYN 13020 TENTH ST FORT MYERS, FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Christine M Lindsey 1126 SE 14th Ter Cape Coral, FL 33990	☑ 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: [signature] 4-18-08 239.939.9663
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #