

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002840

FILED  
Jul 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

P.O.BOX 3714  
NORTH FORT MYERS, FL 339183714

**New Principal Place of Business:**

108 2ND ST  
FORT MYERS, FL 33907

**Current Mailing Address:**

P.O.BOX 3714  
NORTH FORT MYERS, FL 339183714

**New Mailing Address:**

**FEI Number:** 65-1120035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SIBLEY, JOHN  
108 2ND ST.  
FORT MYERS, FL 33907 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: S ( ) Delete  
Name: DEGRAUWE, BETH  
Address: 224 SE 43RD LN  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete  
Name: MURPHY, CAROLYN  
Address: 7790 TROPICAL LANE  
City-St-Zip: BOKEELIA, FL 33922

Title: P ( ) Delete  
Name: SIBLEY, JOHN T  
Address: 108 2ND ST.  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: WORKMAN, DICK  
Address: 12271 COYLE ROAD  
City-St-Zip: FORT MYERS, FL 33905

Title: T ( ) Delete  
Name: CHRISTINE, LINDSEY  
Address: 1126 SE 14TH TER  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: SINGLETARY, RACHEL  
Address: 6670 CHIPPER LN  
City-St-Zip: NORTH FORT MYERS, FL 33917

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: T (X) Change ( ) Addition  
Name: NANCY, KILMARTIN  
Address: 2431 CHANDLER AVE  
City-St-Zip: FORT MYERS, FL 33907

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: JOHN SIBLEY

RA

07/07/2009

Electronic Signature of Signing Officer or Director

Date