

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002919

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** CENTER TO PRESERVE NATIVE FLORIDA, INC.

**Current Principal Place of Business:**

10111 ORANGE GROVE DRIVE  
TAMPA, FL 33618

**New Principal Place of Business:**

PO BOX 158  
LAND O LAKES, FL 346390158

**Current Mailing Address:**

POST OFFICE BOX 158  
LAND O LAKES, FL 346390158

**New Mailing Address:**

**FEI Number:** 59-3715028      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BEXLEY, MABEL H  
10111 ORANGE GROVE DRIVE  
TAMPA, FL 33618 US

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

BEXLEY, MABEL H  
PO BOX 158  
LAND O LAKES, FL 346390158 US

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: \_\_\_\_\_

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEXLEY, JAMES P  
Address: 10111 ORANGE GROVE DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: BEXLEY, MABEL H  
Address: 10111 ORANGE GROVE DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: HEALIS, TYLER F  
Address: 35506 VISTA DEL LUNA  
City-St-Zip: RANCHO MIRAGE, CA 92270

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

Title: D (X) Change ( ) Addition  
Name: BEXLEY, JAMES P  
Address: PO BOX 158  
City-St-Zip: LAND O LAKES, FL 346390158

Title: D (X) Change ( ) Addition  
Name: BEXLEY, MABEL H  
Address: PO BOX 158  
City-St-Zip: LAND O LAKES, FL 346390158

Title: D (X) Change ( ) Addition  
Name: HEALIS, TYLER F  
Address: PO BOX 745  
City-St-Zip: CATHEDRAL CITY, CA 92235

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MABEL H. BEXLEY

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date