
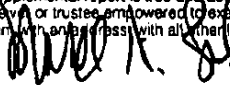


FILED
May 24, 2007 8:00 am
Secretary of State

05-02-2007 90080 013 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000002919			
1. Entity Name CENTER TO PRESERVE NATIVE FLORIDA, INC.			
Principal Place of Business PO BOX 158 LAND O LAKES, FL 34639-0158		Mailing Address POST OFFICE BOX 158 LAND O LAKES, FL 34639-0158	
2. Principal Place of Business - No P.O. Box # 16750 STATE ROAD 52		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
LAND O LAKES FL		City & State	
34639-0158 Country		Zip	Country
4. FEI Number 59-3715028		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEXLEY, MABEL H PO BOX 158 LAND O LAKES, FL 34639-0158		7. Name and Address of New Registered Agent MABEL A BEXLEY 16750 SR 52 (NO MAIL REDIRECTABLE) LAND O LAKES FL 34639	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete BEXLEY, JAMES P PO BOX 158 LAND O LAKES, FL 346390158	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BEXLEY, MABEL H PO BOX 158 LAND O LAKES, FL 346390158	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HEALIS, TYLER F PO BOX 745 CATHEDRAL CITY, CA 92235	TITLE NAME STREET ADDRESS CITY - ST - ZIP D TYLER F HEALIS PO Box 24945 FT LAUDERDALE, FL 33307	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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 to an officer or trustee with authority to execute this report.			
SIGNATURE: 		4/30/07 (813) 916-7285	
MONITOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CGI Error

66016529

101000002919

The specified CGI application misbehaved by not returning a complete set of HTTP headers. The headers it did return are:

1 TRIED

Division of Corporations



ATTACHMENT ⁶⁶⁸¹⁶⁵²⁹⁷
#10100002919
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Division of Corporations

We're sorry but the Public Access System is unable to process your request at this time. Press your browsers' BACK arrow to retry your request, or return to the Division of Corporations' Public Access System main page.

UNABLE TO E-FILE