

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003819

FILED  
Jan 04, 2007  
Secretary of State

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

**Current Principal Place of Business:**

15 DRYPETES COURT WEST  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

15 DRYPETES COURT WEST  
HOMOSASSA, FL 34446

**New Mailing Address:**

**FEI Number:** 59-3725446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIERLY, JAMES  
15 DRYPETES COURT WEST  
HOMOSASSA, FL 34446 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: PD ( ) Delete  
Name: BIERLY, JAMES  
Address: 15 DRYPETES COURT WEST  
City-St-Zip: HOMOSASSA, FL 34446

Title: SD ( ) Delete  
Name: DOBRONYI, KATHY  
Address: 601 N. WHEELER  
City-St-Zip: INVERNESS, FL 34453

Title: BD ( ) Delete  
Name: LIPPMAN, JOAN  
Address: 5334 WEST BUCKSKIN DR.  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: TD ( ) Delete  
Name: KARSEN, HANK  
Address: 6322 S ROSETTE SPOONBILL PT  
City-St-Zip: LECANTO, FL 34461

Title: BD ( ) Delete  
Name: MAIDHOF, GARY  
Address: 660 SOUTH SMITH AVENUE  
City-St-Zip: INVERNESS, FL 34453

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: LIPPMAN, JOAN  
Address: 5334 WEST BUCKSKIN DR.  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M. BIERLY

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date