

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003819

FILED
Jan 15, 2009
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:

BIERLY, JAMES
15 DRYPETES CT WEST
HOMOSASSA, FL 34446 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: _____

01/15/2009

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: VPD () 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: SD (X) Change () Addition
Name: DOBRONYI, KATHY
Address: 601 N. WHEELER
City-St-Zip: INVERNESS, FL 34446

Title: VPD (X) Change () Addition
Name: LIPPMAN, JOAN
Address: 5334 WEST BUCKSKIN DR.
City-St-Zip: BEVERLY HILLS, FL 34446

Title: TD (X) Change () Addition
Name: KARSEN, HANK
Address: 6322 S ROSETTE SPOONBILL PT
City-St-Zip: LECANTO, FL 34446

Title: BD (X) Change () Addition
Name: MAIDHOF, GARY
Address: 1050 N OTTAWA AVE
City-St-Zip: LECANTO, FL 34461

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: JAMES BIERLY

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date