

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003819

**FILED**  
**Jan 05, 2011**  
**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 CT 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  
Name: BIERLY, JAMES  
Address: 15 DRYPETES COURT WEST  
City-St-Zip: HOMOSASSA, FL 34446

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

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

Title: BD  
Name: MAIDHOF, GARY  
Address: 1050 N OTTAWA AVE  
City-St-Zip: LECANTO, FL 34461

I hereby 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 all other like empowered.

SIGNATURE: JAMES M. BIERLY

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date