

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003819

FILED
Apr 28, 2012
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:

1050 NORTH OTTAWA AVENUE
LECANTO, FL 34461

Current Mailing Address:

15 DRYPETES COURT WEST
HOMOSASSA, FL 34446

New Mailing Address:

1050 NORTH OTTAWA AVENUE
LECANTO, FL 34461

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:

MAIDHOF, GARY
1050 NORTH OTTAWA AVENUE
LECANTO, FL 34461 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: GARY MAIDHOF

04/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MAIDHOF, GARY
Address: 1050 NORTH OTTAWA AVENUE
City-St-Zip: LECANTO, FL 34461 US

Title: BD
Name: TAYLOR, GAIL
Address: 4640 NORTH WILLIAMS AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34448 US

Title: TD
Name: HENNESSY, ROSELLA
Address: 10042 WEST KILLARNEY STREET
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: BD
Name: FLIS, ROXANN
Address: 21 PAGODA COURT NORTH
City-St-Zip: HOMOSASSA, FL 34446 US

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: GARY MAIDHOF

PD

04/28/2012

Electronic Signature of Signing Officer or Director

Date