

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007391

FILED
Mar 24, 2007
Secretary of State

Entity Name: FLORIDA NATIVE PLANT SOCIETY-SERENOA CHAPTER, INC.

Current Principal Place of Business:

P O BOX 564
SARASOTA, FL 34230

New Principal Place of Business:

2714 8TH AVENUE WEST
BRADENTON, FL 34205

Current Mailing Address:

P O BOX 564
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-1136163 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FOSTER, MARY
4516 17TH STREET WEST
PALMETTO, FL 34221 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: WEST, NANCY
Address: 2714 8TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

Title: SD () Delete
Name: PAGE, CATHY
Address: 7319 8TH AVENUE NW
City-St-Zip: BRADENTON, FL 34209

Title: TD () Delete
Name: FOSTER, MARY
Address: 4516 17TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: VPD () Delete
Name: ARMSTRONG, BROOKS
Address: 7301 REDGE RANEY ROAD
City-St-Zip: ONA, FL 33865

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARY FOSTER

TD

03/24/2007

Electronic Signature of Signing Officer or Director

Date