2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 8:00 am Secretary of State

DOCUMENT # N0100007391 1. Entity Name FLORIDA NATIVE PLANT SOCIETY-SERENOA CHAPTER, INC.					03-06-2008	90053 007 ****70	.00
2714 8TH AVENUE WEST P O BOX 564		Mailing Address P 0 BOX 564 SARASOTA, FL 34230				IIK OOM OOM HUKOO IKO CON II	1161 B1 FLUF
Principal Place of Business - No P.O. Box # Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032008	Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Numbe 65-113			plied For t Applicable
Zip -	Country	Zip	Country		of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent	
Nam FORTER MARY				LEE BREYER			
FOSTER, MARY 4516 17TH STREET WEST PALMETTO, FL 34221			Street Ad	Idress (P.O. Box Number 6 D 5 PAL)	or is Non-Acresiab	PUE	
Ç.			City \mathcal{E}	CITY ELLENTON FL 399222			
	named entity submits this statement for tions of registered agent.	£			h, in the State of F	lorida. I am familiar with,	and accept
SIGNATURE LEE J. BREYER TREASURER 3:-2-2:008 Signature, typed or pipped name of registered fagorn and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed of planed haine of registered and	and the rappicable. (NO):: H	egistered Agent sighatur	re required when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp. Trust Fund Cor	aign Financing	\$5.00 May B Added to Fees	•	DATE Wake check payable to the	
10.	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May 8 Added to Fees	Flo	Wake check payable to	tate
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12. I hereby certify that the information supplied with this fining does not quality for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗷

SIGNATURE AND TYPED OR PRINTIPD NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2008

941-721-3486

Daytime Phone #