

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007391

FILED  
May 08, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2714 8TH AVENUE WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

7919 LAKESHORE DRIVE  
ELLENTON, FL 34222

**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 (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BREYER, LEE  
505 PALM AVENUE  
ELLENTON, FL 34222      US

**Name and Address of New Registered Agent:**

ANDREWS, ROBERT L  
7919 LAKEHORE DRIVE  
ELLENTON, FL 34222      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: ROBERT L. ANDREWS

05/08/2009

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: BREYER, LEE  
Address: 505 PALM AVENUE  
City-St-Zip: ELLENTON, FL 342222231

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: FEAGLES, DAVID  
Address: 5324 POTTER ST.  
City-St-Zip: SARASOTA, FL 34232

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

Title: TD      (X) Change ( ) Addition  
Name: ANDREWS, ROBERT L  
Address: 7919 LAKESHORE DRIVE  
City-St-Zip: ELLENTON, FL 34222

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

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: ROBERT L. ANDREWS

TD

05/08/2009

Electronic Signature of Signing Officer or Director

Date