

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003270**

1. Entity Name  
**FLORIDA KEYS BOTANICAL CENTER, INC.**



Principal Place of Business  
**18455 SW 264 STREET  
HOMESTEAD, FL 33031**

Mailing Address  
**18455 SW 264 STREET  
HOMESTEAD, FL 33031**



03212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1043082**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DEMOTT, JOHN C  
18455 SW 264TH STREET  
HOMESTEAD, FL 33031**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**1100000330701  
04/25/05-80171-001 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DEMOTT, JOHN C
STREET ADDRESS	18455 SW 264TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 33031
TITLE	D
NAME	CRAFT, PAUL
STREET ADDRESS	18455 SW 264TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 33031
TITLE	D
NAME	HARRIS, JOHN
STREET ADDRESS	18455 SW 264TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 33031
TITLE	D
NAME	CRISPIN, WILLIAM K
STREET ADDRESS	93351 OVERSEAS HIGHWAY, #3
CITY - ST - ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-05**

Date

**305-248-5109**

Daytime Phone #