

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003270

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLORIDA KEYS BOTANICAL CENTER, INC.

Current Principal Place of Business:

18455 SW 264 STREET
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

18455 SW 264 STREET
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 30-0195747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMOTT, JOHN C
18455 SW 264TH STREET
HOMESTEAD, FL 33031 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: D () Delete
Name: DEMOTT, JOHN C
Address: 18455 SW 264TH STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: CRAFT, PAUL
Address: 18455 SW 264TH STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: HARRIS, JOHN
Address: 18455 SW 264TH STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: CRISPIN, WILLIAM K
Address: 93351 OVERSEAS HIGHWAY, #3
City-St-Zip: TAVERNIER, FL 33070

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 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: JOHN C DEMOTT

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date