


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90043 013 ****70.00

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| DOCUMENT # N02341 | |  |
| 1. Entity Name AMERICAN HIBISCUS SOCIETY, INC. | | |

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| Principal Place of Business 609 APPALACHICOLA RD VENICE, FL 34285 | Mailing Address 609 APPALACHICOLA RD VENICE, FL 34285 |
|---|---|

50055638



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| 2. Principal Place of Business <i>609 Apalachicola Rd</i> | 3. Mailing Address <i>609 Apalachicola Rd</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

07132005 Chg-NP CR2E037 (10/03)

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| City & State | City & State | 4. FEI Number 59-1739246 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LONGSON, VALERIE 609 APPALACHICOLA RD VENICE, FL 34285 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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| Filing Fee is \$61.25 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MERRITT, PATRICIA SEC 9715 OASIS HOUSTON, TX 77096 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HALL, RITA PRES 3194 52D WAY N ST PETERSBURG, FL 33710 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COX, RANDY 1VP 20275 QUESADA AVE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BISSELLE, WALTER 2VP 609 APPALACHICOLA RD VENICE, FL 34285 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Eddie Griffith 2VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3272 NW 3rd Ave Ft. Lauderdale FL 33309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROSE-BENNINGER, PENNY TREAS 4231 SHAMROCK DR VENICE, FL 34293 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Walter Bisselle Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 609 Apalachicola Rd Venice FL 34285 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ESD LONGSON, VALERIE K EXECSEC 609 APPALACHICOLA RD VENICE, FL 34285 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Valerie A. Longson* VALERIE A. LONGSON 7/13/05 941-484-6459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #