2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N02341

1. Entity Name
AMERICAN HIBISCUS SOCIETY, INC.

Principal Place of Business	Mailing Address
609 APALACHICOLA RD VENICE, FL 34285	609 APALACHICOLA RD VENICE, FL 34285

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04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1739246

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LONGSON, VALERIE
609 APPALACHICOLA RD
VENICE, FL 34285

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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 _____
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MERRITT, PATRICIA SEC
STREET ADDRESS	9715 OASIS
CITY-ST-ZIP	HOUSTON, TX 77096
TITLE	PD
NAME	HALL, RITA PRES
STREET ADDRESS	3194 52D WAY N
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	VD
NAME	COX, RANDY 1VP
STREET ADDRESS	20275 QUESADA AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	VD
NAME	GRIFFITH, EDDIE 2VP
STREET ADDRESS	3272 NW 3RD AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	TD
NAME	BISSELLE, WALTER TRES
STREET ADDRESS	609 APALACHICOLA RD
CITY-ST-ZIP	VENICE, FL 34285
TITLE	ESD
NAME	LONGSON, VALERIE K EXECSEC
STREET ADDRESS	609 APPALACHICOLA RD
CITY-ST-ZIP	VENICE, FL 34285

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05/04/06-80015-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Longson VALERIE LONGSON 4/19/06 941-484-6459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #