


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90163 019 ****61.25

DOCUMENT # N03000003022 1. Entity Name WILDFLOWER SEED AND PLANT GROWERS ASSOCIATION, INC.			
Principal Place of Business 3126 FAIRBANKS FERRY ROAD HAVANA, FL 32333		Mailing Address 3126 FAIRBANKS FERRY ROAD HAVANA, FL 32333	
2. Principal Place of Business <i>1301 NE Cattail Dr</i>		3. Mailing Address <i>PO Box 20066</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Madison FL USA</i>		City & State <i>Tallahassee FL</i>	
Zip <i>32340</i>	Country 	Zip <i>32316-0066</i>	Country <i>USA</i>
4. FEI Number 61-1447815		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZINN, TERRY L 27715 NW 107 STREET ALACHUA, FL 32615-3504		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinitiating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZINN, TERRY L 27715 NW 107 STREET ALACHUA, FL 326153504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CREWS, BRIAN F 1353 SE LOQUAT STREET LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, RUSSELL 3126 FAIRBANKS FERRY ROAD HAVANA, FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, JOE 5510 S CAPER PLACE BOISE, ID 83716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOOD, JOAN S 3126 FAIRBANKS FERRY ROAD HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>Joanna S. Booth</i> Joanna S. Booth 4/26/05 850-574-7022 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

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04152005 Chg-NP CR2E037 (10/03)