


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90002 026 ****61.25

DOCUMENT # N03000003022 1. Entity Name WILDFLOWER SEED AND PLANT GROWERS ASSOCIATION, INC.			
Principal Place of Business 1301 NE CATTAIL DRIVE MADISON, FL 32340		Mailing Address P O BOX 20066 TALLAHASSEE, FL 32316-0066	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Post Office Box 16457 Suite, Apt. #, etc.	
City & State Zip		City & State Tallahassee, FL Zip 32317	
Country		Country	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		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	P CREWS, BRIAN 1353 SE LOQUAT STREET LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE	(P) J.R. Newbold 610 Old Hwy 17 Present City, FL 32112 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	EVP PAYNE, JOHN P O BOX 117 LEE, FL 32059 <input type="checkbox"/> Delete	TITLE	(VP) John P. Payne P.O. Box 733 Lee, FL 32059 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WOOD, RUSSELL 3126 FAIRBANKS FERRY ROAD HAVANA, FL 32333 <input checked="" type="checkbox"/> Delete	TITLE	(S/T) Nelson L. Mongiovi 1443 Frank Smith Rd. Quincy, FL 32351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BURT, THEON 8394 226TH STREET O BRIEN, FL 32071 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S BOOTH, JOANNA S P O BOX 20066 TALLAHASSEE, FL 323160066 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 information.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		NELTON L. MONGIOVI 8/8/06 (850) 488-4081 <small>Date Daytime Phone #</small>	

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