

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003781

FILED
Apr 15, 2008
Secretary of State

Entity Name: MCKEE BOTANICAL GARDEN, INC.

Current Principal Place of Business:

350 U.S. HWY. 1
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

350 U.S. HWY. 1
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 65-1189895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSWAY, BRADLEY W
5070 NORTH HWY. A1A, STE. 200
VERO BEACH, FL 329631292 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: P () Delete
Name: SMITH, SUSAN S
Address: 6000 N A1A
City-St-Zip: VERO BEACH, FL 32963

Title: 1VP () Delete
Name: LOY, ALMA LEE
Address: 2036 35TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: 2VP () Delete
Name: BALL, CHARLES E
Address: 1766 BAY OAK CIRCLE
City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete
Name: JACKSON, NATALIE
Address: 330 VISTA COURT
City-St-Zip: VERO BEACH, FL 32962

Title: T () Delete
Name: CRUM, DEBORAH A
Address: 2165 WALTON CT.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOY, ALMA LEE
Address: 2036 35TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: 1VP (X) Change () Addition
Name: CANDLER, RICHARD B
Address: 595 A1A
City-St-Zip: VERO BEACH, FL 32963

Title: 2VP (X) Change () Addition
Name: PADGETT, R. LANSE III
Address: 608 TULIP LANE
City-St-Zip: VERO BEACH, FL 32963

Title: S (X) Change () Addition
Name: OSPINA, RAFAEL
Address: 511 FLAMEVINE
City-St-Zip: VERO BEACH, FL 32963

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: ALMA LEE LOY

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date