

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001679

FILED
Jan 06, 2007
Secretary of State

Entity Name: AMERICAN BRUGMANSIA & DATURA SOCIETY, INC.

Current Principal Place of Business:

C/O PATRICIA REYNOLDS
325 APPLE DR
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

C/O PATRICIA REYNOLDS
325 APPLE DR
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 20-2435615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S HARBOR CITY BLVD STE 505
MELBOURNE, FL 32901 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: DPT () Delete
Name: ARGUELLO, PAMELA
Address: 4530 HILLSIDE LANE
City-St-Zip: NEEDVILLE, TX 77461

Title: DV () Delete
Name: REYNOLDS, PATRICIA H
Address: 325 APPLE DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: DS () Delete
Name: SCHOEDEL, DAWN
Address: PO BOX 91
City-St-Zip: WYANO, TX 15695

Title: D () Delete
Name: HOGAN, CRYSTAL
Address: 1547 MINK STREET
City-St-Zip: MEMPHIS, TN 38111

Title: D () Delete
Name: WREGGITT, LINDA
Address: 1594 BUCKINGHAM CLOSE
City-St-Zip: VICTORIA BRITISH COLUMBIA, V8N 5J2 CA

Title: D () Delete
Name: GOTTSCHALK, MONIKA
Address: DIEBSTEINWEG 18
City-St-Zip: D-36358 HERBSTIEN, GERMANY,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: REYNOLDS, PATRICIA H
Address: 325 APPLE DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: DV (X) Change () Addition
Name: HAY, ALISTAIR DR
Address: C480 PRINCES HWY, MEROO MEADOW
City-St-Zip: NEW SOUTH WALES, AU 2540

Title: DT (X) Change () Addition
Name: MORR, SHIRLEY A
Address: 51431 HWY. 14
City-St-Zip: CHARITON, IA 50049

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY A. MORR

DT

01/06/2007

Electronic Signature of Signing Officer or Director

Date