



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90059 001 \*\*\*\*61.25

DOCUMENT # N05000001679					
<b>1. Entity Name</b> AMERICAN BRUGMANSIA & DATURA SOCIETY, INC.					
<b>Principal Place of Business</b> C/O PATRICIA REYNOLDS 325 APPLE DR CRESTVIEW, FL 32536			<b>Mailing Address</b> C/O PATRICIA REYNOLDS 325 APPLE DR CRESTVIEW, FL 32536		
<b>2. Principal Place of Business - No P.O. Box #</b> 40 Gary Morales Suite, Apt. #, etc. 1329 NE 5th Ave NE City & State Fort Lauderdale, FL Zip 33304 Country USA		<b>3. Mailing Address</b> 40 Gary Morales Suite, Apt. #, etc. 1329 NE 5th Ave NE City & State Fort Lauderdale, FL Zip 33304 Country USA			
<b>4. FEI Number</b> 20-2435615		01112008 Chg-NP CR2E037 (12/06)			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ANDERSON, J. PATRICK 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT REYNOLDS, PATRICIA H <input checked="" type="checkbox"/> Delete 325 APPLE DRIVE CRESTVIEW, FL 32536		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hay, Alistair Dr. 4379-41 Rainford St. Surry Hills New South Wales 2010 Australia	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete HAY, ALISTAIR DR C480 PRINCES HWY, MEROO MEADOW NEW SOUTH WALES, AU 2540		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Morales, Gary 1329 NE 5th Ave. Fort Lauderdale, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete MORR, SHIRLEY A 51431 HWY. 14 CHARITON, IA 50049		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOGAN, CRYSTAL 1547 MINK STREET MEMPHIS, TN 38111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WREGGITT, LINDA 1594 BUCKINGHAM CLOSE VICTORIA BRITISH COLUMBIA, V8N 5J2		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hulse, Tom 7602 80th Ave. NE Marysville, WA 98270	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOTTSCALK, MONIKA DIEBSTEINWEG 18 D-36358 HERBSTEN, GERMANY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Shirley Morr</i> Shirley Morr			1-11-08		641-774-4314
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>