

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-23-2007 90040 024 ****61.25
N06000000728

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N06000000728					
1. Entity Name FLORIDA SOCIETY OF BOTANICAL ARTISTS, INC.					
Principal Place of Business 2068 SUNNYSIDE LANE SARASOTA FL 34239			Mailing Address 2068 SUNNYSIDE LANE SARASOTA FL 34239		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 204185020	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENJAMIN, ROBERT W 200 S ORANGE AVE SARASOTA FL 34236				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	Zip Code FL
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when certifying)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <u>Susan G. Benjamin</u>				Date: <u>2/16/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF ENDING OFFICER OR DIRECTOR				Deputy Price: <u>9413660563</u>	