2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N06000000728

Entity Name: FLORIDA SOCIETY OF BOTANICAL ARTISTS, INC.

Current Principal Place of Business:

2068 SUNNYSIDE LANE
SARASOTA, FL 34239

New Principal Place of Business:

2315 53RD ST
SARASOTA, FL 34234

Current Mailing Address:

3026 HILLVIEW ST
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-4185020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENJAMIN, ROBERT W
200 S ORANGE AVE
SARASOTA, FL 34236 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:	PHILLIPS, PHILIP	
Address:	2315 53RD ST	
City-St-Zip:	SARASOTA, FL 34234	
Title:	VP	( ) Delete
Name:	RUSSELL, BETSY	
Address:	9850 WILDGINGER DR	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	S	( ) Delete
Name:	ATKINSON, JEANETTE	
Address:	116 TRINIDAD ST	
City-St-Zip:	NAPLES, FL 34113	
Title:	T	( ) Delete
Name:	NICKS, LESLIE	
Address:	3026 HILLVIEW	
City-St-Zip:	SARASOTA, FL 34239	
Title:	C	( ) Delete
Name:	BENJAMIN, SUSAN	
Address:	1346 HARBOR DRIVE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	DC	( ) Delete
Name:	FRANCIS, ROBBY	
Address:	1041 MEADOW BREEZE LANE	
City-St-Zip:	SARASOTA, FL 34240	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: PHILIP LOUIS PHILLIPS P 01/29/2009

Electronic Signature of Signing Officer or Director Date