

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011489

FILED
Jan 09, 2009
Secretary of State

Entity Name: FRIENDS OF WORLD DICTIONARY OF TREES SOCIETY INC.

Current Principal Place of Business:

30816 HAMMOCK DR., BIG PINE KEY, FL 33043
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

PO BOX 431333
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 26-1417612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZCZYGIEL, SANDRA M
30816 HAMMOCK DR.
MAILING: 431333
BIG PINE KEY, FL 33043 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/T () Delete
Name: SZCZYGIEL, SANDRA M
Address: 30816 HAMMOCK DR. (PO BOX 431333)
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: BD () Delete
Name: LANDRUM, WAYNE L
Address: 178 E. SANDY CIRCLE
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: BD () Delete
Name: SIEGLINGER, DIANE
Address: 241 PALMETTO AVENUE
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: BD () Delete
Name: DIBONAVENTURE, RICHARD
Address: 31113 HOLLERICH DRIVE
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: BD () Delete
Name: BRISCOE-BLACKLOCK, BONNIE
Address: AVENUE D
City-St-Zip: BIG PINE KEY, FL 33043 US

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:

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: SANDRA M. SZCZYGIEL

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date