

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000498

FILED
Mar 23, 2009
Secretary of State

Entity Name: FRIENDS OF THE PORT ST. LUCIE BOTANICAL GARDENS, INC.

Current Principal Place of Business:

121 SW PORT ST. LUCIE BLVD
PORT ST. LUCIE FL34984, FL 34984

New Principal Place of Business:

121 SW PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34984 US

Current Mailing Address:

121 SW PORT ST. LUCIE BLVD
PORT ST. LUCIE FL34984, FL 34984

New Mailing Address:

121 SW PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34984 US

FEI Number: 26-1431561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOPER, CHRISTOPHER
121 SW PORT ST. LUCIE BLVD
PORT ST. LUCIE FL34984, FL 34984 US

Name and Address of New Registered Agent:

COOPER, CHRISTOPHER S
121 SW PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34984 US

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: CHRISTOPHER S COOPER

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COOPER, CHRISTOPHER
Address: 121 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE FL34984, FL 34984

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: COOPER, CHRISTOPHER S
Address: 121 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: T/D () Change (X) Addition
Name: FELDMAN, SUSAN W
Address: 1762 SE CANORA RD
City-St-Zip: PORT ST LUCIE, FL 34952 US

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: CHRISTOPHER S COOPER

P/D

03/23/2009

Electronic Signature of Signing Officer or Director

Date