

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N08622</b> 1. Entity Name <b>HEATHCOTE BOTANICAL GARDENS, INC.</b>				 <div style="text-align: right; font-size: 1.2em;"> <b>FILED</b>              06 AUG 25 AM 7:51              CLERK OF THE STATE              TALLAHASSEE, FLORIDA           </div>	
Principal Place of Business 210 SAVANNAH RD FORT PIERCE, FL 34982		Mailing Address 210 SAVANNAH RD FORT PIERCE, FL 34982			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 08232006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 59-2567218	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FOWLER, MICHAEL D.</b> <b>1680 S.W. ST. LUCIE BLVD. WEST</b> <b>PORT SAINT LUCIE, FL 34986</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing 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	DT MOORE, GLORIA 3315 N. INDIAN RIVER DR. FT. PIERCE, FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, CRIS 420 S. E. NARANJA AVE. PORT SAINT LUCIE, FL 34983			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LINLEY, PAT 6501 SANTA ROSA PARKWAY FORT PIERCE, FL 34951			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSC JAMES A. RICE 2521 N. INDIAN RIVER DR. FT. PIERCE, FL. 34946			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JAMES V. GAINES 3217 S. E. BRAEMAR WAY PORT ST. LUCIE, FL. 34952			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSC CHRISTINA W. ADAMS 420 S.E. NARANJA AVE PORT ST. LUCIE, FL. 34983			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Gloria H. Moore, TREA.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
8/23/06 772-464-4672 <small>Date Daytime Phone #</small>					

JC 8/28