

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90015 021 ****61.25

DOCUMENT # N27721

1. Entity Name

KEY WEST BOTANICAL GARDEN SOCIETY, INC.



Principal Place of Business

5210 COLLEGE ROAD
KEY WEST FL 33040
US

Mailing Address

P.O. BOX 2436
KEY WEST FL 33045-2436
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

65-0084855

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARKEY, CAROLANN
1120 SOUTH STREET
KEY WEST FL 33040

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

5210 College Road

City

Key West

FL

Zip Code

33040

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 Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 C ☐ Delete
NAME SHARKEY, CAROLANN
STREET ADDRESS 1120 SOUTH STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE 1VC ☐ Delete
NAME MEYERS, JOANE
STREET ADDRESS 1309 GRINNELL ST
CITY-ST-ZIP KEY WEST FL 33040

TITLE P ☐ Delete
NAME RYSMAN, PETER
STREET ADDRESS 62 FRONT STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE S ☐ Delete
NAME PORTER, MARY
STREET ADDRESS 2601 SOUTH ROOSEVELT BLVD
CITY-ST-ZIP KEY WEST FL 33045

TITLE T ☐ Delete
NAME GERMAN, TODD
STREET ADDRESS 2315 NORTH ROOSEVELT BLVD
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☒ Delete
NAME FORSYTHE, TOM
STREET ADDRESS 927 OCEAN DRIVE
CITY-ST-ZIP SUMMERLAND KEY FL 33042

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary Ex Officio ☐ Change ☒ Addition
NAME Vicki Grant
STREET ADDRESS 1616 Atlantic Blvd #18
CITY-ST-ZIP Key West, FL 33040

TITLE Director ☒ Change ☐ Addition
NAME Meyers, Joanne
STREET ADDRESS 1309 Grinnell St
CITY-ST-ZIP Key West, FL 33040

TITLE Director ☐ Change ☒ Addition
NAME Peter Battaglia, Jr.
STREET ADDRESS 1009 Catherine Street
CITY-ST-ZIP Key West, FL 33040

TITLE VP ☒ Change ☐ Addition
NAME PORTER, MARYCARLIN
STREET ADDRESS 2601 SOUTH ROOSEVELT BLVD.
CITY-ST-ZIP Key West, FL 33040

TITLE Director ☐ Change ☒ Addition
NAME mJ Webster
STREET ADDRESS 3724 Sunrise Drive
CITY-ST-ZIP Key West, FL 33040

TITLE Director ☐ Change ☒ Addition
NAME Sharon Toppino
STREET ADDRESS 165 Key Haven Road
CITY-ST-ZIP Key West, FL 33040

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: Vicki Grant Vicki Grant Secretary

1/29/08 (305) 296-1524