## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32908

**FILED** Feb 22, 2008 Secretary of State

Entity Name: INTERAMERICAN SOCIETY FOR TROPICAL HORTICULTURE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

11935 OLD CUTLER ROAD 14885 SW 248 ST

MIAMI, FL 33156 US HOMESTEAD, FL 33032 US

**Current Mailing Address: New Mailing Address:** 

11935 OLD CUTLER ROAD 14885 SW 248 ST

MIAMI, FL 33156 HOMESTEAD, FL 33032 US

FEI Number: 65-0127202 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, DR. RICHARD J 11935 OLD CUTLER ROAD

14885 SW 248 ST MIAMI, FL 33156 HOMESTEAD, FL 33032 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: 02/22/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CAMPBELL, DR. RICHARD J

DST (X) Change ( ) Addition () Delete CAMPBELL, RICHARD J DR CAMPBELL, RICHARD J DR Name: Name:

11935 OLD CUTLER ROAD Address: 14885 SW 248 ST Address:

City-St-Zip: MIAMI, FL 33156 US City-St-Zip: HOMESTEAD, FL 33032 US

Title: Title: ( ) Delete () Change () Addition

ELESBAO, RICARDO DR Name: Name: Address: EMBRAPA TROPICAL Address: City-St-Zip: FORTALEZA, PE 43560 BR City-St-Zip:

Title: () Delete Title: () Change () Addition

PABLO, MORALES DR Name: Name:

UNIV. OF PUERTO RICO, MAYAGUEZ Address: Address: City-St-Zip: SAN JUAN, PR PTO RICO US City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

Name: LEDESMA, NORIS MS Name: Address: 11935 OLD CUTLER RD. Address: City-St-Zip: CORAL GABLES, FL 33156 US City-St-Zip:

Title: Title: () Delete () Change () Addition

MANGAN, FRANK DR Name: Name: BOWDETCH HALL, UNIV OF MASS. Address: Address: City-St-Zip: AMHERST, MA 01003 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

MARROQUIN, LILA DR MARTINEZ, JUAN DR Name: Name: Address: UNIV. CHAPINGO Address: UNIV. CHAPINGO

CHAPINGO MEXICO, MX 86039 MX CHAPINGO MEXICO, MX 86039 MX City-St-Zip: 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: RICHARD J. CAMPBELL DST 02/22/2008