2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State
05-22-2007 90013 021 ****70.00

DOCUMENT # N42896

1. Entity Name

FLORIDA URBAN FORESTRY COUNCIL, INC.

Principal Place of Business	Mailing Address
3104 HARRISON AVE A-2 ORLANDO FL 32804 US	P.O. BOX 547993 ORLANDO FL 32854 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3067883 ☐ Applied For ☐ Not Applicable

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
TEMPLE, SANDRA C 3104 HARRISON AVE #A-2 ORLANDO FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DELL, SHERYLE ~~17911 RICH BRANN LANE~~ ~~NORTH FORT MYERS FL 33917~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 840 SW 12th Place Fort Lauderdale FL 33315
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAGAVERO, JENNIFER ~~221 HIGHLAND AVE~~ ~~LARGO FL 33779-0290~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 318 South Second Street Leesburg, FL 34748
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, MIKE 2325 EMERSON STREET JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Luhrman, Earline 405 NW 39th Avenue, Bldg. F Gainesville, FL 32609 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD TEMPLE, SANDRA 3104 HARRISON AVE #A-2 ORLANDO FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JEFFRIES, HOWARD ~~318 SOUTH SECON ST~~ ~~LEESBURG FL 34748~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2170 old Train Road Deltona, FL 32738
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CELESTE, WHITE ~~2350 EAST MICHIGAN STREET~~ ~~ORLANDO FL 32806~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 6021 South Conway Road Orlando, FL 32812

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: Sandra C. Temple Sandra C. Temple 5/1/07 407-872-1738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #