2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# N92000000926

Entity Name: PALM BEACH COUNTY CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC.

Current Principal Place of Business:

351 PILGRIM ROAD
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

351 PILGRIM ROAD
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 65-0402004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KING, MATTHEW
351 PILGRIM ROAD
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SERBESOFF-KING, KRISTINA
Address: 351 PILGRIM RD.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP ( ) Delete
Name: DINGWELL, SUE
Address: 13443 WINDOVER WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: PLOCKELMAN, CYNTHIA
Address: 311 FRANKLIN ROAD
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: T ( ) Delete
Name: KING, MATTHEW
Address: 351 PILGRIM ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S (X) Delete
Name: LIBERMAN, BARBARA J
Address: 4422 ANNA LANE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DINGWELL, SUE
Address: 13443 WINDOVER WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP (X) Change ( ) Addition
Name: BRENDA, MILLS
Address: 159 GREGORY ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S (X) Change ( ) Addition
Name: CATHY, BEALS
Address: 9527 KEATING DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MATTHEW KING T 05/08/2008
Electronic Signature of Signing Officer or Director — Date