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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT
Sandra B. Mort
Secretary of Stat
DIVISION OF CORPORATIC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000306 (1)**

1. Corporation Name

THE PINELLAS CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC.

Principal Place of Business	Mailing Address
4362 - 80TH AVE. NORTH PINELLAS PARK FL 34665	4362 - 80TH AVE. NORTH PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-3165769 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUHRMAN, JUDITH B 4362 - 80TH AVENUE NORTH PINELLAS PARK FL 34665	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WARREN, MARCIA	12 NAME	
STREET ADDRESS	6420 - 6TH AVENUE N.	13 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33710	14 CITY ST ZIP	
TITLE	D	21 TITLE	D ☑ Change ☐ Addition
NAME	WELLER, CANDACE	22 NAME	Katherine Roberts
STREET ADDRESS	1515 COUNTRY CLUB ROAD NORTH	23 STREET ADDRESS	166 11th Ave N.
CITY ST ZIP	ST. PETERSBURG FL 33710	24 CITY ST ZIP	Safety Harbor FL 34695
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	HARBERT, DOUGLAS	32 NAME	Barbara HOFFMAN
STREET ADDRESS	14 IDLEWILD DRIVE	33 STREET ADDRESS	216 Orange ST.
CITY ST ZIP	SAFETY HARBOR FL 34695	34 CITY ST ZIP	Tarpon Springs FL 34689
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/13/95 512-2605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Katherine Roberts

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