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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33781-2550**



3. Date Incorporated or Qualified **01/19/1993** 3a. Date of Last Report **03/07/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 6123 113th St.		26 6123 113th St.		59-3165769		☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
22 Unit # 504		27 Unit # 504		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23 Seminole FL		28 Seminole FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24 33772	Country	25 Pinellas	Country	29 33772	Country	30 Pinellas	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	WARREN, MARCIA	1.2 NAME	Bruce K. Tonley
STREET ADDRESS	6420 - 8TH AVENUE N.	1.3 STREET ADDRESS	931 12th St. N.
CITY - ST - ZIP	ST. PETERSBURG FL 33710	1.4 CITY - ST - ZIP	ST Petersburg FL 33705
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, KATHERINE	2.2 NAME	
STREET ADDRESS	166 11TH AVE N	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR FL	2.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, BARBARA	3.2 NAME	
STREET ADDRESS	216 GEORGE ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	TARPON SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14
Date

Daytime Phone # 0052120

CR2E037 (9/96)