SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11, 1999 8:00 am
Secretary of State
08-11-1999 90018 023 ****61.25

DOCUMENT # N93000000306

1. Corporation Name
THE PINELLAS CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC.

Principal Place of Business	Mailing Address
6123 113TH STREET UNIT #504 SEMINOLE FL 33772 US	6123 113TH STREET UNIT #504 SEMINOLE FL 33772 US

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 PO Box 1661
27 Suite, Apt. #, etc.
28 City & State PINELLAS PARK, FL
29 Zip 33780-1661 30 Country

3. Date Incorporated or Qualifed 01/19/1993

4. FEI Number 59-3165769 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BUHRMAN, JUDITH B
4362 - 80TH AVENUE NORTH
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6123 113th ST #504
83
84 City SEMINOLE FL 85 Zip Code 33772

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	TONLEY, BRUCE K		1.2 NAME	BRUCE TURLEY	
STREET ADDRESS	931 12TH STREET NORTH		1.3 STREET ADDRESS	2401 S. SHORE DR SE	
CITY-ST-ZIP	ST PETERSBURG FL 33705		1.4 CITY-ST-ZIP	33705-3330	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ROBERTS, KATHERINE		2.2 NAME	WELLER, CANDACE	
STREET ADDRESS	166 11TH AVE N		2.3 STREET ADDRESS	1515 COUNTRY CLUB RD N.	
CITY-ST-ZIP	SAFETY HARBOR FL		2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HOFFMAN, BARBARA		3.2 NAME	PARSONS, CHARLES	
STREET ADDRESS	216 GEORGE ST		3.3 STREET ADDRESS	8581 KUMQUAT AVE	
CITY-ST-ZIP	TARPON SPRINGS FL		3.4 CITY-ST-ZIP	SEMINOLE, FL 33777-3526	
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		

CR2E037 (5/99)

14. I 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 an address with all other like empowered.

SIGNATURE: Bruce Turley Bruce TURLEY 8/8/99 (727) 345-4619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #