

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000306

FILED
Jan 20, 2009
Secretary of State

Entity Name: THE PINELLAS CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC.

Current Principal Place of Business:

12501 INDIAN ROCKS ROAD
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1661
PINELLAS PARK, FL 337801661 US

New Mailing Address:

FEI Number: 59-3165769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURLEY, BRUCE
12501 INDIAN ROCKS ROAD
LARGO, FL 33774 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: VD () Delete
Name: PEACOCK, CINDY
Address: 743 SAMANTHA DR
City-St-Zip: PALM HARBOR, FL 34683 US

Title: TD () Delete
Name: WILLIAMS, MARTHA J
Address: 217 NORTH HILLCREST
City-St-Zip: CLEARWATER, FL 33755 US

Title: PD () Delete
Name: BILODEAU, BILL
Address: 5001 10TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: SD () Delete
Name: STAUNTON, MELODY
Address: POB 164
City-St-Zip: OZONA, FL 34660 US

Title: D () Delete
Name: TURLEY, BRUCE
Address: 2401 SOUTHSORE DRIVE SE
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: CD-A () Delete
Name: CHAYET, DEBORAH
Address: 2138 LITTLE BROOK LANE
City-St-Zip: CLEARWATER, FL 33763 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MCGINITY, JIM
Address: 542 ORANGEWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698 US

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

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

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

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: MARTHA JANE WILLIAMS

TD

01/20/2009

Electronic Signature of Signing Officer or Director

Date