

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 AM 12:23

DOCUMENT # N93000001641 (0)

1. Corporation Name

FLORIDA CHAPTER OF THE AMERICAN HORTICULTURAL THERAPY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5915 LORRAINE RD
BRADENTON FL 34202

5915 LORRAINE RD
BRADENTON FL 34202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1993

3a. Date of Last Report

03/16/1994

4. FEI Number

65-0435608

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1265 SEABAY RD.

26 1265 SEABAY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FT. LAUDERDALE FL

28 FT. LAUDERDALE FL

Zip

Country

Zip

Country

24 33324

25 USA

29 33324

30 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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

MATTHES, JOHN E
2771 DEVIE CT
ORLANDO FL 32822

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MORRIS, JUDY
STREET ADDRESS	5915 LORRAINE RD.
CITY - ST - ZIP	BRADENTON FL
TITLE	VP
NAME	BORNSTEIN, ROBERT
STREET ADDRESS	1265 SEABAY RD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	T
NAME	HERZOG, CLAIRE
STREET ADDRESS	811 S. PALM AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	S
NAME	ERNENWEIN, JOANNE
STREET ADDRESS	2121 MEADOWMOUSE ST.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	HARRINGTON, RICHARD
STREET ADDRESS	9793 OXFORD ST.
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	LICHTENSTEIN, NANCY
STREET ADDRESS	2616 PORTLAND ST.
CITY - ST - ZIP	SARASOTA FL

11 TITLE	P	☒ Change ☐ Addition
12 NAME	BORNSTEIN, ROBERT	
13 STREET ADDRESS	1265 SEABAY RD	
14 CITY - ST - ZIP	FT. LAUDERDALE FL	
21 TITLE	VP	☒ Change ☐ Addition
22 NAME	DON PETTIS	
23 STREET ADDRESS	1694 DAD'S RD.	
24 CITY - ST - ZIP	CRESTVIEW FL 32536	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	D	☒ Change ☒ Addition
62 NAME	JUDY MORRIS	
63 STREET ADDRESS	5915 LORRAINE RD	
64 CITY - ST - ZIP	BRADENTON FL 34202	

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 110.07(3)(k), 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:

CLAIRE HERZOG

4/5/95 (8/3) 322-2433