

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001641 (0)

1. Corporation Name

FLORIDA CHAPTER OF THE AMERICAN HORTICULTURAL THERAPY ASSOCIATION, INC.

Principal Place of Business

1265 SEABAY RD
FT LAUDERDALE FL 33326
US

Mailing Address

1265 SEABAY RD
BRADENTON FL 33326
US



3. Date Incorporated or Qualified
04/13/1993

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 2770 LENA LA

26 2770 LENA LA

4. FEI Number
65-0435608

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 SARASOTA FL

28 SARASOTA FL

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

Zip

Country

Zip

Country

24 34240

25 USA

29 34240

30 USA

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

Address
change only
→

81 Name
Matthes, John E

82 Street Address (P.O. Box Number is Not Acceptable)

1922 Branchwater Trail

83

84

City

Orlando

FL

85

Zip Code

32811

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME BORNSTEIN, ROBERT

1.2 NAME

STREET ADDRESS 1265 SEABAY RD

1.3 STREET ADDRESS

CITY-ST-ZIP FT LAUDERDALE FL

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☒ Addition

NAME PETTIS, DON

2.2 NAME

STREET ADDRESS 1694 DAD'S RD

2.3 STREET ADDRESS

CITY-ST-ZIP CRESTVIEW FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME HERZOG, CLAIRE

3.2 NAME

STREET ADDRESS 811 S. PALM AVE.

3.3 STREET ADDRESS

CITY-ST-ZIP SARASOTA FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ERNENWEIN, JOANNE

4.2 NAME

STREET ADDRESS 2121 MEADOWMOUSE ST.

4.3 STREET ADDRESS

CITY-ST-ZIP ORLANDO FL

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME HARRINGTON, RICHARD

5.2 NAME

STREET ADDRESS 9793 OXFORD ST.

5.3 STREET ADDRESS

CITY-ST-ZIP NAPLES FL

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME MORRIS, JUDY

6.2 NAME

STREET ADDRESS 5915 LORRAINE RD

6.3 STREET ADDRESS

CITY-ST-ZIP BRADENTON FL

6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/6/96 (941) 322-2433

CR2E037 (12/95)