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Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

2770 LENA LANE
SARASOTA FL 34240
US

2770 LENA LANE
SARASOTA FL 34240-9763
US

3. Date Incorporated or Qualified
04/13/1993

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHES, JOHN E.
1922 BRANCHWATER TRAIL
ORLANDO FL 32811

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	P	<input checked="" type="checkbox"/> DELETE
NAME	BORNSTEIN, ROBERT	
STREET ADDRESS	1285 SEABAY RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TEAL, KATHY	
STREET ADDRESS	4215 N.W. 69TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HERZOG, CLAIRE	
STREET ADDRESS	2770 LENA LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ERNENWEIN, JOANNE	
STREET ADDRESS	2121 MEADOWMOUSE ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRINGTON, RIHARD	
STREET ADDRESS	9783 OXFORD ST.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, JUDY	
STREET ADDRESS	5915 LORRAINE RD	
CITY-ST-ZIP	BRADENTON FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MATTHES, JOHN E	
1.3 STREET ADDRESS	1922 BRANCHWATER TR	
1.4 CITY-ST-ZIP	ORLANDO FL 32811	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALEE KARPF	
5.3 STREET ADDRESS	9857 SW 117TH CT	
5.4 CITY-ST-ZIP	MIAMI FL 33186	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KIM SMITH	
6.3 STREET ADDRESS	1548 NE 54 ST	
6.4 CITY-ST-ZIP	POMPANO FL 33064-5668	

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, changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1-21-97 (944) 322-2433
Date Daytime Phone # 0063588

CR2E037 (9/96)