


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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  
US**

2. Principal Place of Business

2a. Mailing Address

**21 5915 LORRAINE RD**

**26 5915 LORRAINE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 BRADENTON, FL**

**28 BRADENTON**

Zip

Country

Zip

Country

**24 34202**

**25 USA**

**29 FL**

**30 34202**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/13/1993**

4. FEI Number

**65-0435608**

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BORNSTEIN, ROBERT</b>	
STREET ADDRESS	<b>1265 SEABAY RD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TEAL, KATHY</b>	
STREET ADDRESS	<b>4215 N.W. 89TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HERZOG, CLAIRE</b>	
STREET ADDRESS	<b>2770 LENA LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ERNENWEIN, JOANNE</b>	
STREET ADDRESS	<b>2121 MEADOWMOUSE ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRINGTON, RICHARD</b>	
STREET ADDRESS	<b>9793 OXFORD ST.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORRIS, JUDY</b>	
STREET ADDRESS	<b>5915 LORRAINE RD</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MATTHES, JOHN E.</b>	
1.3 STREET ADDRESS	<b>1922 BRANCHWATER TRAIL</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	

2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JAN BRUTUS</b>	
2.3 STREET ADDRESS	<b>2807 CLYDE RD</b>	
2.4 CITY-ST-ZIP	<b>WAUCHULA, FL 33873</b>	

3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JUDITH MORRIS</b>	
3.3 STREET ADDRESS	<b>5915 LORRAINE RD</b>	
3.4 CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>	

4.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>KIM SMITH</b>	
4.3 STREET ADDRESS	<b>1548 NE 54 ST</b>	
4.4 CITY-ST-ZIP	<b>POMANO, FL 33064</b>	

5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ALEE KARPFF</b>	
5.3 STREET ADDRESS	<b>9857 SW 117 CT</b>	
5.4 CITY-ST-ZIP	<b>MIAMI FL 33186</b>	

6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SHEILA KELLY</b>	
6.3 STREET ADDRESS	<b>2146 PRAIRIE AVE</b>	
6.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	

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.

SIGNATURE:

*Indith Morris* **JUDITH MORRIS** 2/23/98 941 746 8186

CR2E037 (10/97)

# 13. Additional Directors

TITLE: D

NAME: BRENDA HANSON

ADDRESS: 16490 OFFENHAUR RD  
ODESSA, FL 33556.

TITLE: D

NAME: GEORGE GASLEY

ADDRESS: 12744 82ND ST. N  
WEST PALM BEACH, FL 33412.