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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001641

1. Corporation Name

FLORIDA CHAPTER OF THE AMERICAN HORTICULTURAL THERAPY ASSOCIATION, INC.

Principal Place of Business

5915 LORRAINE ROAD
BRADENTON FL 34202
US

Mailing Address

5915 LORRAINE ROAD
BRADENTON FL 34202
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

04/13/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0435608

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 ☒ DELETE

NAME **P**
MATTHES, JOHN E.
STREET ADDRESS **1922 BRANCHWATER TRAIL**
CITY-ST-ZIP **ORLANDO FL 32811**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P

KELLY, SHEILA

2146 PRAIRIE AVE

MIAMI BEACH, FL 33139

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **VP**
BRUTUS, JAN
STREET ADDRESS **2807 CLYDE ROAD**
CITY-ST-ZIP **WAUCHULA FL 33873**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

MATTHES, JOHN E

1922 BRANCHWATER TRAIL

ORLANDO, FL 32811

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **T**
MORRIS, JUDITH
STREET ADDRESS **5915 LORRAINE ROAD**
CITY-ST-ZIP **BRADENTON FL 34202**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

BRUCE, HANK

30548 ST. ANDREWS BLVD

SORRENTO, FL 32776

☐ Change ☒ Addition

TITLE ☒ DELETE

NAME **S**
SMITH, KIM
STREET ADDRESS **1548 NE 54TH STREET**
CITY-ST-ZIP **POMPANO FL 33064**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
KARPF, ALEE
STREET ADDRESS **9857 SW 117 CT**
CITY-ST-ZIP **MIAMI FL 33186**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **D**
KELLY, SHEILA
STREET ADDRESS **2146 PRAIRIE AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDITH MORRIS 1/12/99

941 746 8186
Daytime Phone #

CR2E037 (11/98)