

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90031 021 ****61.25

DOCUMENT # N93000001641

1. Entity Name

FLORIDA CHAPTER OF THE AMERICAN HORTICULTURAL
THERAPY ASSOCIATION, INC.



Principal Place of Business

3303 S LOCKWOOD RIDGE RD
SARASOTA FL 34239
US

Mailing Address

3303 S LOCKWOOD RIDGE RD
SARASOTA FL 34239
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORCHEY, PATRICIA
3303 S. LOCKWOOD RIDGE RD.
SARASOTA FL 34239

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MORRIS, JUDITH
STREET ADDRESS 5428 LORRAINE RD.
CITY-ST-ZIP BRADENTON FL 34211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CHAMBERS, BETTY
STREET ADDRESS 2323 YANCY ST.
CITY-ST-ZIP NORTH PORT FL 34286

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BRUCE, HANK
STREET ADDRESS 30548 ST ANDREWS BV
CITY-ST-ZIP SORRENTO FL 32776

TITLE ☐ Change ☒ Addition
NAME SUSANNA WALKER
STREET ADDRESS 6294 FRANCIS ST.
CITY-ST-ZIP JUPITER, FL 33458

TITLE D ☐ Delete
NAME ZITO, ANN
STREET ADDRESS 540 W WINTER PARK ST
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HERZOG, CLAIRE
STREET ADDRESS 2770 LENA LANE
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SULLIVAN, JESSICA
STREET ADDRESS 21 MASSACHUSETTS AVE.
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

3/8/04

Date

941-861-9800

Daytime Phone #