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

DOCUMENT # N93000001641

1. Entity Name

FLORIDA CHAPTER OF THE AMERICAN HORTICULTURAL HERAPY ASSOCIATION, INC.



LITAL I ASSOCIATION, INC.		COO WE THE				
ipal Place of Business	Mailing Address	Mailing Address				
S LOCKWOOD RIDGE RD SOTA FL 34239	3303 S LOCKWOOD RIDGE RD SARASOTA FL 34239 US					
rincipal Place of Business	3. Mailing Address					
i i						

FILED Mar 16, 2004 8:00 am Secretary of State 03-16-2004 90031 021 ****61.25

ipal Place: المراجعة	of Business	Mailing Address				
SANASOTA I US	KWOOD RIDGE RD FL 34239	3303 S LOCKWOOD RII SARASOTA FL 34239 US	OGE RD		NI GONI ERKE LENN SOISI IIRIR AKKI SYYSI NRIIRI OY KELI	
2. Principal Pl	ace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE	MOORE CR2E037 (11/03)	
City & State		City & State		4. FEI Number 65-0435	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desi	red S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name			
POR	CHEY, PATRICIA	New years and the second	Ctroot As	Street Address (P.O. Box Number is Not Acceptable)		
3303	S S. LOCKWOOD RIDGE RE).	SireerAt	Street Address (P.O. Box Number is Not Acceptable)		
SAR	ASOTA FL 34239					
			City		FL Zip Code	
C The chave	named antity submits this statement to	the autoes of changing its	agistared office or	registered agent or both in the State	of Florida. I am familiar with, and accept	
	ons of registered agent.	Tale purpose of changing its r	egistered office of	registered agent, or both, in the otate	or londa. Tam laminar with, and decept	
	24	7 1 "				
SIGNATURE-	Setricio	orckey TREAC	SURER		3/8/04	
JIGINATOTIE -	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)	DATE	
	and the statement of th					
	ILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co		\$5.00 May Be	Make Check Payable to	
	Due By May 1, 2004	Hust rund Ot	onthodion.	Added to Fees	Torida Department of State	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition	
	MORRIS, JUDITH	(NAME		_ , _	
STREET ADDRESS	5428 LORRAINE RD.		STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34211		CITY-ST-ZIP			
nne	S	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	CHAMBERS, BETTY		NAME			
STREET ADDRESS	2323 YANCY ST.		STREET ADDRESS			
CJTY-ST-ZIP	NORTH PORT FL 34286	. .	CITY-ST-ZIP			
mice .	D	Delete	TITLE	P -	☐ Change Addition	
NAME	BRUCE, HANK	•	NAME	SUSANNA WALKER		
STREET ADDRESS .	30548 ST ANDREWS BV	, m d , d tw.	~ STREET ADDRESS	6294 FRANCIS ST.	ا س. مح⊷سه ته	
CITY-ST-ZIP	SORRENTO FL 32776		CITY-ST-ZIP	JUPITER, FL 33458		
TITLE	D ZITO ANINI	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	ZITO, ANN 540 W WINTER PARK ST		NAME			
STREET ADDRESS	ORLANDO FL 32804		STREET ADDRESS			
CITY-ST-ZIP	D. D		CITY-ST-ZIP	<u>,</u>		
TITLE	HERZOG, CLAIRE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	2770 LENA LANE		NAME			
STREET ADDRESS	SARASOTA FL 34240		STREET ADDRESS			
CITY-ST-ZIP	V	·	CITY-ST-ZiP		Freq	
TITLE	SULLIVAN, JESSICA	☐ Delete	TITLE		Change Addition	
NAME CYRSET LOOPEGO	21 MASSACHUSETTS AVE.		NAME			
STREET ADDRESS	SAINT CLOUD FL 34769		STREET ADORESS CITY-ST-ZIP			
CITY-ST-ZIP	4/6 - 10 - 1 10 - 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	- 0.1- 272 1 1 - 1 - 125 T	U111-31-2IF	and in Continue 110 07/03/3. Florid - Co-	tutos. I further certify that the information	

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:

SIGNING OFFICER OR DIRECTOR