

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001641

FILED
Mar 10, 2008
Secretary of State

Entity Name: FLORIDA CHAPTER OF THE AMERICAN HORTICULTURAL THERAPY ASSOCIATION, INC.

Current Principal Place of Business:

381 TEQUESTA DR
TEQUESTA, FL 33469 US

New Principal Place of Business:

Current Mailing Address:

381 TEQUESTA DR
TEQUESTA, FL 33469 US

New Mailing Address:

FEI Number: 65-0435608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROY-FISHER, CONNIE
381 TEQUESTA DR
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PORCHEY, PATRICIA
Address: 3303 S. LOCKWOOD RIDGE RD
City-St-Zip: SARASOTA, FL 34239

Title: V () Delete
Name: YASALONIS, ANNE
Address: 1702 HWY SOUTH
City-St-Zip: BARTOW, FL 33831

Title: T () Delete
Name: ROY-FISHER, CONNIE
Address: 381 TEQUESTA DR
City-St-Zip: TEQUESTA, FL 33469

Title: S () Delete
Name: ZITO, ANN
Address: 540 W WINTER PARK ST
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: HERZOG, CLAIRE
Address: 5531 CALLE DEL VERANO
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: WORDEN, EVA
Address: 34900 BERMONT RD
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: YASALONIS, ANNE
Address: 6478 BRISTOL OAKS DRIVE
City-St-Zip: LAKELAND, FL 33811

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE ROY-FISHER

T

03/10/2008

Electronic Signature of Signing Officer or Director

Date