## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9300001641

1. Entity Name

FLORIDA CHAPTER OF THE AMERICAN HORTICULTURAL THERAPY ASSOCIATION, INC.



FILED
May 01, 2003 8:00 am 
Secretary of State

05-01-2003 90796 042 \*\*\*\*61.25

Principal Place of Business 3303 S LOCKWOOD RIDGE RD SARASOTA FL 34239 US		Mailing Address 3303 S LOCKWOOD RIDGE RD SARASOTA FL 34239 US		1 1070/01 707 11	HING HINH DANKI BAKKI COMU BOKKI	CCIEL HILL CHIA E	. NA KIRA JADA	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		×	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 6	4. FEI Number 65-0435608		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 Ad Fee Require		
	6. Name and Address of Current F	Registered Agent		7. Name and Add	iress of New Registered	d Agent		
			Name T	PORCHEY PA	HTRICIA		i i	
MATTHES, JOHN E.			Street Address (P.O. Box Number is Not Acceptable)					
1	ANCHWATER TRAIL		330	3 S. LOCKWOO	D RIDGE A	20AO_		
ORLANDO	O FL 32811		SAK	2ASOTA				
			City	<del>-7-001/1</del>	F	L Zip Coo	ie	
				<del></del>		<u></u>		
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 Satricia Sorchey, TREASURER 4/25/03							[	
SIGNATURE  Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	<del></del>	<del>- ,                                   </del>			T			
FILE NOW: FEE 15 \$61.25		9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND I	DIRECTORS IN	V 10	
	OFFICERS AND DIR		11.		ES TO OFFICERS AND I			
10. TITLE NAME		ECTORS Delete	TITLE NAME	PUDITH MORR	15	DIRECTORS IN Change	N 10 Addition	
TITLE	P		TITLE NAME	P	15			
TITLE NAME	P KELLY, SHEILA		TITLE NAME STREET ADDRESS	P JUDITH MORR 5428 LORRAI	IS INE ROAD			
TITLE NAME STREET ADDRESS	P KELLY, SHEILA 2146 PRAIRIE AVE		TITLE NAME STREET ADDRESS	P JUDITH MORR 5428 LORRAI BRADENTON, F	IS INE ROAD L 34211			
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12. 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:

SIGHTURE BUT TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/25/03

941-861-9800