

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

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

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

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DOCUMENT # N93000001641

1. Entity Name

FLORIDA CHAPTER OF THE AMERICAN HORTICULTURAL THERAPY ASSOCIATION, INC.



10

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



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0435608**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTHES, JOHN E.
1922 BRANCHWATER TRAIL
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name **PORCHEY, PATRICIA**
Street Address (P.O. Box Number is Not Acceptable)
3303 S. LOCKWOOD RIDGE ROAD
SARASOTA
City **FL** Zip Code **34239**

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

Patricia Porchey **TREASURER**

4/25/03
DATE

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, SHEILA 2146 PRAIRIE AVE. MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORCHEY, PATRICIA 3803 S. LOCKWOOD RIDGE RD SARASOTA FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, HANK 30548 ST ANDREWS BV SORRENTO FL 32776	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZITO, ANN 540 W WINTER PARK ST ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, EMILY PO BOX 190958 MIAMI BEACH FL 33119-0958	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAIVITZ, ELAN 3631 19TH AVE SW NAPLES FL 34117	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUDITH MORRIS 5428 LORRAINE ROAD BRADENTON, FL 34211	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JESSICA SULLIVAN 21 MASSACHUSETTS AVENUE ST. CLOUD, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETTY CHAMBERS 2323 YANCY STREET NORTH PORT, FL 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDA HANSON 11505 CERCA DEL RIO PLACE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAIRE HERZOG 2770 LENA LANE SARASOTA, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Patricia Porchey **SIGNATURE REQUIRED**

4/25/03 **941-861-9800**

CR2E037 (10/02)