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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002057					
1. Corporation Name PALMA SOLA BOTANICAL PARK FOUNDATION, INC.					
Principal Place of Business P.O. BOX 14214 BRADENTON FL 34280-4214			Mailing Address 9800 17TH AVENUE N.W. BRADENTON FL 34209		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 BRADENTON FL 24 Zip 34209 25 Country USA		2a. Mailing Address 26 P O Box 14214 27 Suite, Apt. #, etc. 28 Bradenton FL 29 Zip 34280 30 Country		3. Date Incorporated or Qualified 05/04/1993 4. FEI Number 65-0548069 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HUNTER, ROBERT E JR 7414 7 TH AVENUE, NW BRADENTON FL 34209			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Robert E. Hunter, Jr. Feb. 1st, 1999 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME HUNTER, ROBERT E JR. STREET ADDRESS 7414 7TH AVENUE N.W. CITY-ST-ZIP BRADENTON FL 34209			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VPD NAME KNOWLES, VIRGINIA B STREET ADDRESS 1115 71ST ST. N.W. CITY-ST-ZIP BRADENTON FL 34209			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE TD NAME MYERS, TIM L STREET ADDRESS 9403 9TH AVENUE N.W. CITY-ST-ZIP BRADENTON FL 34209			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE SD NAME FRALEY, KAREN A STREET ADDRESS 1815 PALMA SOLA BLVD. CITY-ST-ZIP BRADENTON FL 34209			4.1 TITLE SD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (11/98)