FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003558 (3)

1. Corporation Name
THE HORTICULTURE SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1515 N FLAGLER DR WEST PALM BEACH FL 33401	1515 N FLAGLER DR WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1994
3a. Date of Last Report:
4. FEI Number: 65-0511526 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 464 FERN STREET 22 Suite, Apt. #, etc. 23 City & State: WEST PALM BEACH, FL 24 Zip: 33401 25 Country	2a. Mailing Address 26 464 FERN STREET 27 Suite, Apt. #, etc. 28 City & State: WEST PALM BEACH, FL 29 Zip: 33401 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURRAY, NANCY M 1515 N FLAGLER DR WEST PALM BEACH FL 33401	81 Name: BALLINGER, WYNNE 82 Street Address (P.O. Box Number is Not Acceptable): 464 FERN STREET 83 84 City: WEST PALM BEACH FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: WYNNE S. BALLINGER
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DV NAME: ADLER, SHERMAN STREET ADDRESS: 138 S BEACH RD CITY-ST-ZIP: HOBE SOUND FL 33455	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: BALLINGER, WYNNE S STREET ADDRESS: 235 BANYAN RD CITY-ST-ZIP: PALM BEACH FL 33480	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: DP NAME: MURRAY, NANCY M STREET ADDRESS: 249 MONTEREY RD CITY-ST-ZIP: PALM BEACH FL 33480	31 TITLE: DV 32 NAME: [redacted] BUNCH, DENAE 33 STREET ADDRESS: 4044 SW 4TH 34 CITY-ST-ZIP: PLANTATION, FLORIDA 33317 ☒ Change ☐ Addition
TITLE: DS NAME: PANNILL, ALICE Z STREET ADDRESS: 4 S LAKE TRAIL CITY-ST-ZIP: PALM BEACH FL 33480	41 TITLE: D 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☒ Change ☐ Addition
TITLE: DV NAME: PANNILL, WILLIAM G STREET ADDRESS: 4 S LAKE TRAIL CITY-ST-ZIP: PALM BEACH FL 33480	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: DV NAME: RUDOLPH, MALCOLM STREET ADDRESS: 1333 N LAKE WAY CITY-ST-ZIP: PALM BEACH FL 33480	61 TITLE: DS 62 NAME: [redacted] HUNTER, FRANCES 63 STREET ADDRESS: 201 PALM ROAD 64 CITY-ST-ZIP: WEST PALM BEACH, FL 33405 ☒ Change ☐ Addition

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Wynne S. Ballinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Wynne S. Ballinger
4/19/95
Date
(407) 655-5522
Daytime Phone #

0047655