FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

SIGNATURE:

N94000003558 (3)

THE HORTICULTURE SOCIETY OF SOUTH FLORIDA, INC.

| Principal Place | e of Business | Mailing Address | | | 8111 88111 88198 11181 61481 81181 1811 1881 |
|--|--|--------------------------------------|---------------------------------|--|--|
| 464 FERN STREET WEST PALM BEACH FL 33401 US US 464 FERN STREET WEST PALM BEACH FL 3 US | | | 33401 | | |
| | | | | Date Incorporated or Qualified 07/19/1994 | 3a. Date of Last Report 05/01/1995 |
| | ace of Business | 2a. Mailing Address | | 4. FEI Number 65-0511526 | Applied For |
| 21 | U | 26 | | 05-0511320 | Not Applicable |
| | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State 28 | | City & State | | 6. Election Campaign Financing | □ \$5.00 May Be |
| Zip | Country | Zip | Country | Trust Fund Contribution | Added to Fees |
| 24 | 25 | 29 | 30 | 8. This corporation has liability for in: Florida Statutes | tangible tax tinder s. 199.032, |
| | 9. Name and Address of Curren | t Registered Agent | | 10. Name and Address of New Re | |
| | | | 81 Name | | |
| BALLINGER, WYNNE | | | 82 Street | Address (P.O. Box Number is Not Acceptable |) |
| 464 FERN STREET | | | | , control of the cont | , |
| WEST PALM BEACH FL 33401 | | | 83 | | |
| | | | 84 City | | FI 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 617.1508, Florida Statute | s, the above named co | proporation submits this statement for the purp | ace of changing its registered office |
| 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 | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NO) | E: Registered Agent signature r | equired when reinstatings | DATE |
| 12. | OFFICERS ANI | | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| TITLE | DV ADLER, SHERMAN | DELETE | 1.1 TITLE | | Change Addition |
| NAME | 138 S BEACH RD | | 1.2 NAME | | |
| STREET ADDRESS | HOBE SOUND FL 33455 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | D D | ↑ DDC(FTC | 1.4 CITY-ST-ZIP | | |
| TITLE | BALLINGER, WYNNE S | DELETE | 2 1 TITLE | | Change Addition |
| NAME OXOGET ADDRESS | 235 BANYAN RD | | 2 2 NAME | | - |
| STREET ADDRESS | PALM BEACH FL 33480 | | 23 STREFT ADDRESS | | |
| CITY - ST - ZIP | DV DT | DELETE | 2 4 CHTY-ST-ZIP 3 1 TITLE | эт | Change Addition |
| NAME | -BURCH, DEREK | | 3.2 NAME | | Change E Modition |
| STREET ADORESS | 4044 SW 4TH | | 3 3 STREET ADDRESS | SMITH, CYPUX N. 5706 Howy LANK THEIRE, FL 33457 | |
| CITY-ST-ZIP | PLANTATON FL | | 3 4. CITY-ST-ZIP | JIP. Me. PL 33457 | |
| TITLE | D | DELETE | 4 1 TITLE | | Change Addition |
| NAME | PANNILL, ALICE Z | | 4. 2 NAME | | |
| STREET ADDRESS | 4 S LAKE TRAIL | | 4 3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH FL | | 4.4 CITY - ST - ZIP | | |
| THLE | DV | DELETE | 5 1 TITLE | | ☐ Change ☐ Addition |
| NAME | PANNILL, WILLIAM G | | 5.2 NAME | | |
| STREET ADDRESS | 4 S LAKE TRAIL | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH FL 33480 DS | | 5 4 CITY-ST-ZIP | | |
| TITLE | HUNTER, FRANCES | DELETE | 6 1 TITLE | | Change Addition |
| NAME | 201 PORTER ROAD | | 6 2 NAME | | |
| STREET ADDRESS | WEST PALM BEACH FL | | 6 3 STREET ADDRESS | | |
| City-St-ZiP | L | with this filing is voluntarily fund | 64 CITY-ST-ZIP | life for the exemption stated in Section 110.0 | 7/Qu/U Florido Ctatutas I fuellas |
| 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)(k), 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 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 attackment with an address. | | | | | |

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-624-4950

Daytime Phone #