

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003558 (3)

1. Corporation Name

THE HORTICULTURE SOCIETY OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

464 FERN STREET
WEST PALM BEACH FL 33401
US464 FERN STREET
WEST PALM BEACH FL 33401-5818
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
07/19/19943a. Date of Last Report
04/16/19964. FEI Number
65-0511526Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

BALLINGER, WYNNE
464 FERN STREET
WEST PALM BEACH FL 33401

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

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 | <input type="checkbox"/> DELETE |
| NAME | ADLER, SHERMAN | |
| STREET ADDRESS | 138 S BEACH RD | |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | |

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 400 N. FLAGLER DRIVE APT. 12th floor |
| 1.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BALLINGER, WYNNE S | |
| STREET ADDRESS | 235 BANYAN RD | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |

| | |
|--------------------|--|
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | ANNA B. CHATHAM |
| 2.3 STREET ADDRESS | 42 GOMAZ ROAD |
| 2.4 CITY-ST-ZIP | HOBE SOUND, FL 33458 |

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | CYRUS N SMITH | |
| STREET ADDRESS | 5706 HOLLY LANE | |
| CITY-ST-ZIP | JUPITER FL | |

| | |
|--------------------|--|
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | JOHN ALBRECHT, JR. |
| 3.3 STREET ADDRESS | 2244 PALM AVE. DR. W |
| 3.4 CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |

| | | |
|----------------|------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PANNILL, ALICE Z | |
| STREET ADDRESS | 4 S LAKE TRAIL | |
| CITY-ST-ZIP | PALM BEACH FL | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | PANNILL, WILLIAM G | |
| STREET ADDRESS | 4 S LAKE TRAIL | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | HUNTER, FRANCES | |
| STREET ADDRESS | 201 PORTER ROAD | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088029

CR2E037 (9/96)