

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003558** ✓

1. Corporation Name

THE HORTICULTURE SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business

**164 FERN STREET
WEST PALM BEACH FL 33401
JS**

Mailing Address

**464 FERN STREET
WEST PALM BEACH FL 33401
US**

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90017 018 ****61.25

585342-90017-18 2 *



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		07/19/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		65-0511526	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
25		29		30	

9. Name and Address of Current Registered Agent

**BALLINGER, WYNNE
464 FERN STREET
WEST PALM BEACH FL 33401**

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

Wynne Ballinger

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRACE, JANE R	1.2 NAME	Townley Schwab
STREET ADDRESS	126 SEAGRAPE CIRCLE	1.3 STREET ADDRESS	464 Fern St
CITY-ST-ZIP	PALM BCH FL 33480	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CCHATHAM, ANNE	2.2 NAME	
STREET ADDRESS	42 GOMEZ ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOB SOUND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ALBRIGHT, JOHN JR	3.2 NAME	Albrecht, John Jr.
STREET ADDRESS	3299 PALM HARBOUR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
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	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	PANNILL, WILLIAM G	5.2 NAME	
STREET ADDRESS	4 S LAKE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HUNTER, FRANCES	6.2 NAME	
STREET ADDRESS	201 PORTER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	

4. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/99 (561) 655-5522

Date

Daytime Phone #

CR2E037 (11/98)