

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90453 047 ****61.25

DOCUMENT # N94000003558

1. Entity Name

THE HORTICULTURE SOCIETY OF SOUTH FLORIDA,
INC.



Principal Place of Business

464 FERN STREET
WEST PALM BEACH FL 33401
US

Mailing Address

464 FERN STREET
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0511526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BALLINGER, WYNNE
464 FERN STREET
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name David Murbach
Street Address (P.O. Box Number is Not Acceptable)
464 Fern St.
City West Palm Beach FL Zip Code 33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/6/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRACE, JANE R	
STREET ADDRESS	126 SEAGRAPE CIRCLE	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	ED	<input type="checkbox"/> Delete
NAME	MURBACH, DAVID	
STREET ADDRESS	464 FERN ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D President	<input type="checkbox"/> Delete
NAME	BARDES, MERRILYN	
STREET ADDRESS	196 BANYAN RD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PANNILL, WILLIAM G	
STREET ADDRESS	4 S LAKE TRAIL	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HUNTER, FRANCES	
STREET ADDRESS	201 PORTER ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LYMAN, CURTIS	
STREET ADDRESS	39 VIA DEL CORSON	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beatriz Ford	
STREET ADDRESS	300 Regent Park	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edith Dixon	
STREET ADDRESS	22081 Vedado	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	Director Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Pickett	
STREET ADDRESS	1550 Florida Mango Rd.	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Hoyt	
STREET ADDRESS	133 Banyan Rd.	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Pickering	
STREET ADDRESS	3012 Embassy Dr.	
CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Whitaker	
STREET ADDRESS	1200 S. Flagler Dr.	
CITY-ST-ZIP	West Palm Beach, FL 33401	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/04

Date

561-655-5522

Daytime Phone #