

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90033 018 ****70.00

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	4. FEI Number 65-0511526	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURDOCK, DAVID 464 FERN ST. WEST PALM BEACH, FL 33401			Name Joy Adle Street Address (P.O. Box Number is Not Acceptable) 464 Fern St West Palm Beach, FL 33401 City FL Zip Code		
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: <i>Joy Adle</i> Joy Adle Assistant Director 6/29/05 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	Don Pickett	☐ Change ☒ Addition
NAME	GRACE, JANE R		NAME	1550 Florida Mango Rd.	
STREET ADDRESS	126 SEAGRAPE CIRCLE		STREET ADDRESS	West Palm Beach, FL 33406	
CITY-ST-ZIP	PALM BCH, FL 33480		CITY-ST-ZIP		
TITLE	ED	☒ Delete	TITLE	Donna Roggenhien	☐ Change ☒ Addition
NAME	MURBACH, DAVID		NAME	1901 Emplio Lane	
STREET ADDRESS	464 FERN ST.		STREET ADDRESS	West Palm Beach, FL 33406	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	P	☒ Delete	TITLE	David Meeker	☐ Change ☒ Addition
NAME	BARDES, MERRILYN		NAME	725 Claremore Dr.	
STREET ADDRESS	196 BANYAN RD.		STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	Susan Pickering	☐ Change ☒ Addition
NAME	PANNILL, WILLIAM G		NAME	525 So. Flagler Dr. Apt. 22F	
STREET ADDRESS	4 S LAKE TRAIL		STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE	Beatriz Ford	☐ Change ☒ Addition
NAME	HUNTER, FRANCES		NAME	300 Regent Park	
STREET ADDRESS	201 PORTER ROAD		STREET ADDRESS	Palm Beach, FL 33480	
CITY-ST-ZIP	WEST PALM BEACH, FL		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	David Denton	☐ Change ☒ Addition
NAME	WHITAKER, DOROTHY		NAME	11341 W. Teach Rd.	
STREET ADDRESS	1200 S. FLAGLER DR		STREET ADDRESS	Palm Beach Gardens, FL 33410	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
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: <i>Joy Adle</i> Joy Adle 6/29/05 561-655-5522					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50055033



06302005 Chg-NP CR2E037 (10/03)