

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001760 (6)

1. Corporation Name

AMERICAN BOUGAINVILLEA SOCIETY, INC.



Principal Place of Business

3812 S.W. 48TH AVENUE  
PEMBROKE PARK FL 33023

Mailing Address

3812 S.W. 48TH AVENUE  
PEMBROKE PARK FL 33023

3. Date Incorporated or Qualified

04/07/1995

3a. Date of Last Report

2. Principal Place of Business

21

SAME

2a. Mailing Address

26

SAME

4. FEI Number

65-0195183

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

25 FLORIDA

Zip

Country

30 FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. 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

LUCAS, JOHN J  
3812 S.W. 48TH AVENUE  
PEMBROKE PARK FL 33023

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

*John J. Lucas*

JOHN J. LUCAS

1/25/96

(Signature of officer or director of registered agent and this if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME LUCAS, JOHN J  
STREET ADDRESS 3812 S.W. 48TH AVENUE  
CITY-ST-ZIP PEMBROKE PARK FL 33023

☐ DELETE

1.1 TITLE D  
1.2 NAME BARRETT, KEVIN  
1.3 STREET ADDRESS 3200 NW 16TH ST.  
1.4 CITY-ST-ZIP PEMBROKE PARK, FL 33024

☐ Change

☒ Addition

TITLE D  
NAME NORCINI, JEFF  
STREET ADDRESS UNIVERSITY OF FLORIDA/IFAS  
CITY-ST-ZIP NFREC-MONTICELLO FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SCHUETZ, JERRY  
STREET ADDRESS 15130 N PEBBLE LANE  
CITY-ST-ZIP FT. MYERS FL 33912

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME ROBINSON, LARUE M  
STREET ADDRESS 12175 125TH STREET N  
CITY-ST-ZIP LARGO FL 34644

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME YADAV, UDAY  
STREET ADDRESS P.O. BOX 950001  
CITY-ST-ZIP LAKE MARY FL 32795-0001

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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

JOHN J. LUCAS

1/25/96

DATE

954-989-7617

DAYTIME PHONE #

CR2E037 (12/95)