

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90133 043 ****61.25

DOCUMENT # N95000003541					
1. Entity Name FLORIDA NATIVE PLANT SOCIETY - PAWPAW CHAPTER, INC					
Principal Place of Business 14 RAINTREE CT ORMOND BEACH, FL 32174 US			Mailing Address PO BOX 250516 HOLLY HILL, FL 32125 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURDICK, FRANCES R 14 RAINTREE CT ORMOND BEACH, FL 32174				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGWELL, KEN		NAME	Rebmann, Paul	
STREET ADDRESS	1648 TAYLOR RD/P.O. BOX 406		STREET ADDRESS	3 Neptune Park	
CITY-ST-ZIP	PORT ORANGE, FL 32128		CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBMAN, PAUL		NAME	Winters, Wes	
STREET ADDRESS	3 NEPTUNE PARK		STREET ADDRESS	510 Ocean Dunes Rd	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDICK, FRANCES R		NAME		
STREET ADDRESS	14 RAINTREE CT		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUGAL, CARLA		NAME		
STREET ADDRESS	104 GRADY DOVE COURT		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, DONALD J		NAME		
STREET ADDRESS	108 S OCEAN AIRE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Frances R. Burdick</i>		Date: <i>3/25/07</i>		Daytime Phone #: <i>386-673-8270</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					