## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000003626

FILED Jan 26, 2009 Secretary of State

Entity Name: REDLAND TROPICAL GARDENS AND BOTANICAL FOUNDATION, INC.

**Current Principal Place of Business:** New Principal Place of Business: 240 NORTH KROME AVENUE 24050 SW 162 AVENUE HOMESTEAD, FL 33030 HOMESTEAD, FL 33031 US **Current Mailing Address: New Mailing Address:** 24050 SW 162 AVENUE 240 NORTH KROME AVENUE HOMESTEAD, FL 33030 HOMESTEAD, FL 33031 US US FEI Number: 65-0655603 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUSTER, MARGIE BUSTER, MARGIE 240 NORTH KROME AVENUE 24050 SW 162 AVENUE HOMESTEAD, FL 33030 HOMESTEAD, FL 33031 US 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. SIGNATURE: 01/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BUSTER, MARGIE BUSTER, MARGIE Name: Name: 240 NORTH KROME AVENUE Address: 24050 SW 162 AVENUE Address: City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: HOMESTEAD, FL 33031 US Title: () Delete Title: (X) Change ( ) Addition CAMPBELL, RUTH Name: CAMPBELL, RUTH Name: Address: 240 NORTH KROME AVENUE Address: 24050 SW 162 AVENUE City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: HOMESTEAD, FL 33031 US Title: () Delete Title: (X) Change ( ) Addition MULHERN, PAUL Name: SHANER, BRENDA Name: 240 NORTH KROME AVENUE 24050 SW 162 AVENUE Address: Address: City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: HOMESTEAD, FL 33031 US Title: ( ) Delete Title: (X) Change ( ) Addition Name: WALDMAN, MERVIN Name: GONZALIS, MARIA 240 NORTH KROME AVENUE Address: Address: 24050 SW 162 AVENUE HOMESTEAD, FL 33031 US City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition SNYDER, MARY Name: Name: 24050 SW 162 AVENUE Address: Address: City-St-Zip: City-St-Zip: HOMESTEAD, FL 33031 Title: () Delete Title: ( ) Change (X) Addition HENNING, MARIA Name: Name: Address: Address: 24050 SW 162 AVENUE HOMESTEAD, FL 33031 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGIE BUSTER PRES 01/26/2009