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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001160

1. Corporation Name

FRIENDS OF PALM BEACH COUNTY WEED & SEED, INC.

Principal Place of Business

1645 PALM BEACH LAKES BLVD., STE. 900
WEST PALM BEACH FL 33401-2221

Mailing Address

1645 PALM BEACH LAKES BLVD., STE. 900
WEST PALM BEACH FL 33401-2221



2. Principal Place of Business

21 301 N. Olive Avenue

Suite, Apt. #, etc.

22 Suite 1001

City & State

23 West Palm Beach FL

24 33401 25 USA

2a. Mailing Address

26 301 N. Olive Avenue

Suite, Apt. #, etc.

27 Suite 1001

City & State

28 West Palm Beach FL

29 33401 30 USA

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

65-0631129

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PETERSEN, SUSAN L
1645 PALM BEACH LAKES BLVD., STE. 900
WEST PALM BEACH FL 33401-2221

10. Name and Address of New Registered Agent

81 Name
L. Diana Cunningham
82 Street Address (P.O. Box Number is Not Acceptable)
301 N. Olive Avenue
83 Suite 1001
84 City
West Palm Beach FL 85 Zip Code
33401

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

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

(NOTE: Registered Agent signature required when reinstating)

1/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PETERSEN, SUSAN L
STREET ADDRESS 1645 PALM BEACH LAKES BLVD., STE. 900
CITY-ST-ZIP WEST PALM BEACH FL 33401-2221

TITLE D
NAME CUNNINGHAM, L. DIANA
STREET ADDRESS 301 N. OLIVE AVE., STE. 1001
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D
NAME WEBBER, EMALYN
STREET ADDRESS 701 CLEMATIS ST., STE. 101
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

L. Diana Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 (561) 355-4441
Date Daytime Phone #

CR2E037 (11/98)