


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001160</b> 1. Entity Name <b>FRIENDS OF PALM BEACH COUNTY WEED &amp; SEED, INC.</b>	
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<b>Principal Place of Business</b> 301 N. OLIVE AVE. SUITE 1001 WEST PALM BCH, FL 33401	<b>Mailing Address</b> 301 N. OLIVE AVE. SUITE 1001 WEST PALM BCH, FL 33401
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<b>DO NOT WRITE IN THIS SPACE</b>
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07072005 No Chg-NP CR2E037 (10/03)

4. PEI Number <b>65-0631129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  DIANA, CUNNINGHAM L 301 N. OLIVE AVE. SUITE 1001 WEST PALM BCH, FL 33401	<b>DO NOT WRITE IN THIS SPACE</b>
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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)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEN, SUSAN L 1645 PALM BEACH LAKES BLVD., STE. 900 WEST PALM BEACH, FL 334012221
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, L. DIANA 301 N. OLIVE AVE., STE. 1001 WEST PALM BEACH, FL 33401
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, EMALYN 500 AUSTRALIAN AVENUE, SUITE 400 WEST PALM BEACH, FL 33401
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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07/18/05-80004-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <b>DIANA CUNNINGHAM, TREASURER</b>	<b>7-13-05</b>	<b>561-355-2314</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>