

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N96000001160

1. Entity Name
**FRIENDS OF PALM BEACH COUNTY WEED & SEED,
INC.**



Principal Place of Business
**301 N. OLIVE AVE.
SUITE 1001
WEST PALM BCH, FL 33401**

Mailing Address
**301 N. OLIVE AVE.
SUITE 1001
WEST PALM BCH, FL 33401**



01132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0631129

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIANA, CUNNINGHAM L
301 N. OLIVE AVE.
SUITE 1001
WEST PALM BCH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. 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 334012221

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 500 AUSTRALIAN AVENUE, SUITE 400
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

000000399125
01/25/06-80009-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06

Date

561-355-23

Daytime Phone #