2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002927

FILED Apr 21, 2006 Secretary of State

Entity Name: FLORIDA CHAPTER OF THE INTERNATIONAL SOCIETY OF ARBORICULTURE, INC.

Current Principal Place of Business: New Principal Place of Business:

7853 S. LEEWYNN COURT SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

7853 S. LEEWYNN COURT SARASOTA, FL 34240

FEI Number: 65-0667299 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:

EASEY, NORMAN C 7853 S. LEEWYNN COURT SARASOTA, FL 34240 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: SMITH, BRUCE Name: JOYCE, RICK

 Address:
 5657 CREEKWOOD CIRCLE
 Address:
 PO BOX 398

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:
 FT. MYERS, FL 33902

Title: VD () Delete Title: VD (X) Change () Addition Name: LIPPI, CHUCK Name: EDWARDS, MARY

Address: 243 SHAMROCK ROAD Address: 4777 OLD WINTERGARDEN RD

City-St-Zip: ST. AUGUSTINE, FL 32086 City-St-Zip: ORLANDO, FL 32811

Title: TD () Delete Title: TD (X) Change () Addition

Name: SNELL, CYNTHIA Name: KING, HENRY

 Address:
 525 ANGELA STREET
 Address:
 566 E. ORANGE STREET

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701

Title: D () Delete Title: () Change () Addition

 Name:
 EASEY, NORMAN
 Name:

 Address:
 7853 S. LEEWYNN CT.
 Address:

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 HOOT-MCLEOD, PATTI
 Name:

 Address:
 5030 SW 163 AVENUE
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33331
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMAN C. EASEY D 04/21/2006