

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002927

FILED
Apr 08, 2008
Secretary of State

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

Current Principal Place of Business:

7853 S. LEEWYNN COURT
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

7853 S. LEEWYNN COURT
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-0667299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOYCE, RICK
Address: 17837 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VD () Delete
Name: ROBINSON, MIKE
Address: 2325 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: KING, HENRY
Address: 566 E. ORANGE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: EASEY, NORMAN
Address: 7853 S. LEEWYNN CT.
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: PAULSON, KIM
Address: 1526 S LAKE MIRROR DR
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EDWARDS, MARY
Address: 4777 OLD WINTERGARDEN RD
City-St-Zip: ORLANDO, FL 32811

Title: VD (X) Change () Addition
Name: REILLY, DAVID
Address: 1420 N. TAMPA STREET
City-St-Zip: TAMPA, FL 33602

Title: TD (X) Change () Addition
Name: KOVAR, TAMMY
Address: 7345 INTERNATIONAL PLACE
City-St-Zip: SARASOTA, FL 34240

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: NORMAN C EASEY

D

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date