


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90103 041 ****61.25

DOCUMENT # N96000006056					
1. Entity Name DADE CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC.					
Principal Place of Business 17615 S.W. 119TH AVENUE MIAMI, FL 33177			Mailing Address P.O. BOX 570598 MIAMI, FL 33257-0598		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0172789	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PHARES, PATRICIA L 17615 S.W. 119TH AVENUE MIAMI, FL 33177				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POSSLEY, JENNIFER 3669 POINCIANA AVE #99 # 3 B MIAMI, FL 33133		<input type="checkbox"/> Delete		
P WOODMANSEE, STEVE 8025 SW 102ND AVE MIAMI, FL 33173	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
V LEONARD, AMY 3245 SW 63RD AVE MIAMI, FL 33155	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
S WOOD BURY, LYNKA 11935 OLD CUTLER RD MIAMI, FL 33156	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
D BOLLA, MARY ANN 191 LOWE ST TAVERNIER, FL 33070	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D CLELAND, CARRIE 5901 SOUTHWEST 50TH TERRACE MIAMI, FL 33155	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____		1/18/06		305-445-6108	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	