

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 570508~~
~~MIAMI, FL 33257-0508~~

2. Principal Place of Business - No P.O. Box #
6619 So Dixie Highway

3. Mailing Address
6619 So Dixie Highway

Suite, Apt. #, etc.
#181

Suite, Apt. #, etc.
#181

City & State
Miami FL

City & State
Miami FL

Zip
33143

Country
USA

Zip
33143

Country
USA



06192008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0172789

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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
Patricia A. Harris

Street Address (P.O. Box Number is Not Acceptable)
96 Kenny Nachwalter PA
201 South Biscayne Blvd #1100

City
Miami

FL

Zip Code
33131

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 *Patricia A. Harris* Patricia A. Harris 9/8/08

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

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 #33 MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BOLLA, MARK 191 LOWE STREET TAVERNIER FL 33070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONARD, AMY 3245 SW 63RD AVE. MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HARRIS, ROBERT 12521 SW 104TH TERR. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, JONATHAN 9432 SW 145TH PL MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600135692276 09/11/08--01043--003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLA, MARY ANN 191 LOWE ST TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLB, JAN 7700 SW 181 ST. TERR. MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Robert Harris* 8/24/08 954-651-4176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Harris, President

9/12/08