

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006056

FILED  
Aug 08, 2009  
Secretary of State

**Entity Name:** DADE CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC.

**Current Principal Place of Business:**

6619 SO. DIXIE HIGHWAY  
#181  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6619 SO. DIXIE HIGHWAY  
#181  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 65-0172789      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HARRIS, PATRICIA A  
C/O KENNY NACHWALTER, PA  
201 SOUTH BISCAYNE BLVD., #1100  
MIAMI, FL 33131 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: BOLLA, MARK  
Address: 191 LOWE STREET  
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete  
Name: LEONARD, AMY  
Address: 3245 SW 63RD AVE.  
City-St-Zip: MIAMI, FL 33155

Title: P ( ) Delete  
Name: HARRIS, ROBERT  
Address: 12521 SW 104TH TERR.  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: TAYLOR, JONATHAN  
Address: 9432 SW 145TH PL  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: KOLB, JAN  
Address: 7700 SW 181 ST. TERR.  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: V (X) Change ( ) Addition  
Name: SHAFFER, TED  
Address: 1660 NE 168TH ST  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D (X) Change ( ) Addition  
Name: WALCUTT, SUSAN  
Address: 6901 EDGEWATER DRIVE #322  
City-St-Zip: MIAMI, FL 33133

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: MARK BOLLA

T

08/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date