

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90079 008 ****61.25

DOCUMENT # N97000001935			
1. Entity Name TROPICAL FLOWERING TREE SOCIETY OF PALM BEACH COUNTY INC.			
Principal Place of Business BOCA RATON COMMUNITY CTR 150 NW CRAWFORD AVE BOCA RATON FL 33432 US		Mailing Address 1101 NW 5 AVENUE BOCA RATON FL 33432 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



34001734



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent SCHNEIDER, HARVEY R ESQ. 1900 CORPORATE BLVD., NW SUITE 301-WEST BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBD KLUGE, RAY 1150 SW 19TH ST BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABD JOHN LONDON 1150 SW 19TH ST. BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBD SHELLY, JOHN 920 SW 11TH TER BOCA RATON FL 33486 <input 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	TBD JENNINGS, ROBERT W 1101 NW 5TH AVE BOCA RATON FL 33432 <input 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	SBD PEAVEY, JANICE 2965 SW 22ND AVE 3105 DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBD MARY HILLMAN 4025 N. FEDERAL HWY #B228 OAKLAND PARK, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMAREST, GEORGIA 701 NE HARBOR TER BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLOTTE NASH 1085 W. CAMINO REAL BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERGEN, FRANK 2111 NW 30TH RD. BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete DECEASED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY GHER 495 PINTO CIR WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **ALW Jennings** 1/24/04 338-5329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #