

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90014 028 \*\*\*\*61.25

<b>DOCUMENT # N97000001935</b>					
<b>1. Entity Name</b> TROPICAL FLOWERING TREE SOCIETY OF PALM BEACH COUNTY INC.					
<b>Principal Place of Business</b> BOCA RATON COMMUNITY CTR 150 NW CRAWFORD AVE BOCA RATON, FL 33432 US			<b>Mailing Address</b> 1101 NW 5 AVENUE BOCA RATON, FL 33432 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032005 Chg-NP CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 65-0408303	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SCHNEIDER, HARVEY R ESQ. 1900 CORPORATE BLVD., NW SUITE 301-WEST BOCA RATON, FL 33431			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PBD <b>NAME</b> <del>LONDON, JOANN</del> <b>STREET ADDRESS</b> <del>1100 SW 10TH ST</del> <b>CITY - ST - ZIP</b> <del>BOCA RATON, FL 33486</del>	<input type="checkbox"/> Delete		<b>TITLE</b> PBD <b>NAME</b> KLUGE, RAY <b>STREET ADDRESS</b> 260 SW 56TH TER #105 <b>CITY - ST - ZIP</b> MARGATE, FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPBD <b>NAME</b> SHELLY, JOHN <b>STREET ADDRESS</b> 920 SW 11TH TER <b>CITY - ST - ZIP</b> BOCA RATON, FL 33486	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TBD <b>NAME</b> JENNINGS, ROBERT W <b>STREET ADDRESS</b> 1101 NW 5TH AVE <b>CITY - ST - ZIP</b> BOCA RATON, FL 33432	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SBD <b>NAME</b> HILLMAN, MARY <b>STREET ADDRESS</b> 4025 N FEDERAL HWY # B228 <b>CITY - ST - ZIP</b> OAKLAND PARK, FL 33308	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> <del>NASH, CHARLOTTE</del> <b>STREET ADDRESS</b> <del>1005 W CAMINO REAL</del> <b>CITY - ST - ZIP</b> <del>BOCA RATON, FL 33486</del>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> HORAN, BARBARA <b>STREET ADDRESS</b> 2738 KELLEY BROOKE LANE <b>CITY - ST - ZIP</b> PACER FIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> <del>CHEN, NANCY</del> <b>STREET ADDRESS</b> <del>495 PINTO CIR</del> <b>CITY - ST - ZIP</b> <del>WELLINGTON, FL 33414</del>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> MAZALESKI, LILLIAN <b>STREET ADDRESS</b> 949 SW 12TH ST <b>CITY - ST - ZIP</b> BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> ROBERT JENNINGS <span style="float: right;">1/5/05 561-385-5329</span>					