

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90056 009 ****61.25

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|--|---|---|--|---|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0408303 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PBD KLUGE, RAY 260 SW 56TH TER # 103 MARGATE, FL 33068 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPBD TINA VRARLIC 4477 MAURICE DR DELRAY BEACH, FL 33445 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPBD CARPENTER, DON 1051 SW 18TH ST BOCA RATON, FL 33486 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PBD | |
| 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 HILLMAN, MARY 4025 N FEDERAL HWY # B228 OAKLAND PARK, FL 33308 | <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 | D HORAN, BARBARA 2738 KELLEY BROOKE LANE DEERFIELD BEACH, FL 33442 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JERRY BEHAN 520 SE 18TH AVE DEERFIELD BEACH, FL 33441 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OWENS, BOBB 238 NW 7TH ST BOCA RATON, FL 33432 | <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> ROBERT JENNINGS 3/28/07 561-338-5829 </div> <small>Date Daytime Phone #</small> | | | | | |