

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90073 045 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0408303	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
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 reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 VPD NAME VRARLIC, TINA STREET ADDRESS 4477 MAURICE DR CITY-ST-ZIP DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME CARPENTER, DON STREET ADDRESS 1051 SW 18TH ST CITY-ST-ZIP BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TBD NAME JENNINGS, ROBERT W STREET ADDRESS 1101 NW 5TH AVE CITY-ST-ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SBD NAME HILLMAN, MARY STREET ADDRESS 4025 N FEDERAL HWY # B228 CITY-ST-ZIP OAKLAND PARK, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE SBD NAME SHELLY, JOHN STREET ADDRESS 920 SW 11TH TER CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BEHAN, JERRY STREET ADDRESS 520 SE 18TH AVE CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete		TITLE D NAME SHELLY, CHADDA STREET ADDRESS 920 SW 11TH TER CITY-ST-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME OWENS, BOSS STREET ADDRESS 236 NW 7TH ST CITY-ST-ZIP 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:			ROBERT W. JENNINGS 1/7/08 561-5329		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		