

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001935

FILED
Jan 09, 2009
Secretary of State

Entity Name: TROPICAL FLOWERING TREE SOCIETY OF PALM BEACH COUNTY INC.

Current Principal Place of Business:

BOCA RATON COMMUNITY CTR
150 NW CRAWFORD AVE
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

1101 NW 5 AVENUE
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0408303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, HARVEY R ESQ.
1900 CORPORATE BLVD., NW
SUITE 301-WEST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: VPD () Delete
Name: VRARLIC, TINA
Address: 4477 MAURICE DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD () Delete
Name: CARPENTER, DON
Address: 1051 SW 18TH ST
City-St-Zip: BOCA RATON, FL 33486

Title: TBD () Delete
Name: JENNINGS, ROBERT W
Address: 1101 NW 5TH AVE
City-St-Zip: BOCA RATON, FL 33432

Title: SBD () Delete
Name: SHELLY, JOHN
Address: 920 SW 11TH TER
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: SHELLY, CHADDA
Address: 920 SW 11TH TER
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: OWENS, BOSS
Address: 236 NW 7TH ST
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VRABLIC, TINA
Address: 4477 MAURICE DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Change () Addition
Name: CARPENTER, DON
Address: 1051 SW 18TH ST
City-St-Zip: BOCA RATON, FL 33486

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: D (X) Change () Addition
Name: OWENS, BOB
Address: 236 NW 7TH ST
City-St-Zip: BOCA RATON, FL 33432

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: R W JENNINGS

TBD

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date