2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002664

FILED Jan 16, 2009 Secretary of State

Entity Name: BIG PINE KEY BOTANICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 430635 KEY DEER BLVD BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043 **Current Mailing Address: New Mailing Address:** P.O. BOX 430635 BIG PINE KEY, FL 33043 FEI Number: 65-0822929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FENWICK, HARRY FENWICK, HARRY 23057 BLÚE GILL LANE 23057 BLÚE GILL LANE CODJOE KEY, FL 33042 US CUDJOE KEY, FL 33042 US 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: 01/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BANKESTER, PEGGY Name: Name: Address: 23087 SAILFISH LN Address: City-St-Zip: SUMMERLAND KEY, FL 33042 City-St-Zip: Title: () Delete Title: () Change () Addition FENWICK, HARRY Name: Name: Address: 23057 BLUEGILL LANE Address: City-St-Zip: CUDJOE KEY, FL 33042 City-St-Zip: Title: () Delete Title: () Change () Addition VACCARO, KATHERINE Name: Name: 29036 MAGNOLIA LN Address: Address: City-St-Zip: BIG PINE KEY, FL 33043 City-St-Zip: Title: () Delete Title: () Change () Addition YENTZER, MARYANN Name: Name: 30440 EGRET LN Address: Address: City-St-Zip: BIG PINE KEY, FL 33043 City-St-Zip: Title: Title: () Delete () Change () Addition STRONG, JOE Name: Name: 29084 VIOLET DR Address: Address: City-St-Zip: BIG PINE KEY, FL 33043 City-St-Zip: Title: () Delete Title: (X) Change () Addition FENWICH, LINDA CURLEE, DEB Name: Name: Address: 23057 BLUEGILL LANE Address: 1052 SPANISH MAIN DR SUMMERLAND KEY, FL 33042 CUDJOE KEY, FL 33042 City-St-Zip: City-St-Zip:

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: HARRY J. FENWICK T 01/16/2009