

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90156 010 \*\*\*\*61.25

**DOCUMENT # N97000004737**

1. Corporation Name

**SAINT PETERSBURG BOTANIC SOCIETY, INC.**

Principal Place of Business

**2926 COFFEE POT BLVD NORTHEAST  
ST PETERSBURG FL 33704**

Mailing Address

**2926 COFFEE POT BLVD NORTHEAST  
ST PETERSBURG FL 33704**



2. Principal Place of Business

**21 725 FOURTH ST. N.**

2a. Mailing Address

**26 725 FOURTH ST. N.**

3. Date Incorporated or Qualified

**08/20/1997**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3464644**

Applied For

Not Applicable

City & State

**23 ST PETERSBURG FL**

City & State

**28 ST PETERSBURG FL**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

**24 33701**

**25 USA**

Zip

Country

**29 33701**

**30 USA**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**JEWELL, JOHN F  
725 FOURTH STREET NORTH  
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ROMAN, DEBRA L**  
STREET ADDRESS **2926 COFFEE POT BLVD NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE **D** ☐ DELETE

NAME **JEWELL, JOHN F**  
STREET ADDRESS **725 FOURTH ST N**  
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **D** ☐ DELETE

NAME **ARSENault, RAY P**  
STREET ADDRESS **767 36TH AVENUE N**  
CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REDEBRA ROMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-99 7278942288**

CR2E037 (11/98)

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