

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90032 037 ****61.25

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1. Entity Name

IKEBANA INTERNATIONAL, CHAPTER 65, INC.



Principal Place of Business

1717 WINFIELD RD S
CLEARWATER FL 33756

Mailing Address

1717 WINFIELD RD S
CLEARWATER FL 33756

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
59-3535742

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOSS, BARBARA
1717 WINFIELD RD S
CLEARWATER FL 33756

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

Barbara Goss *Barbara Goss*

March 6, 2008

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

(NOTE: Registered Agent signature and title required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 P
NAME HAYMAN, DOLORES ☒ Delete
STREET ADDRESS 6600 SUNSET WAY APT 117B
CITY-STATE-ZIP SAINT PETERSBURG FL 33706

TITLE *President* ☒ Change ☐ Addition
NAME Hatfield, Betsy
STREET ADDRESS 4233 Chesterfield Circle
CITY-STATE-ZIP Palm Harbor, FL 34683

TITLE 1VPD ☒ Delete
NAME HATFIELD, BETSY
STREET ADDRESS 4233 CHESTERFIELD CIRCLE
CITY-STATE-ZIP PALM HARBOR FL 34683

TITLE *1 V. Pres* ☒ Change ☐ Addition
NAME Noujaim, G. Monique
STREET ADDRESS 6532 Hillside Avenue N.
CITY-STATE-ZIP Seminole, FL 33772

TITLE 2VP ☒ Delete
NAME NOUJAIM, MONIQUE
STREET ADDRESS 6532 HILLSIDE AVE N
CITY-STATE-ZIP SEMINOLE FL 33772

TITLE *2 V. Pres* ☒ Change ☐ Addition
NAME Brennan, Carol
STREET ADDRESS 4744 Wolfram Lane
CITY-STATE-ZIP New Port Richey, FL 34683

TITLE 3VPD ☐ Delete
NAME SALMOM, MARGARET
STREET ADDRESS 3107 ENISGROVE E
CITY-STATE-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE T ☒ Delete
NAME PARSONS, CAROL ANN
STREET ADDRESS 3355 BRATTI CT
CITY-STATE-ZIP PALM HARBOR FL 34685

TITLE *Treasurer* ☒ Change ☐ Addition
NAME Bourlon, Gerry
STREET ADDRESS 14803 Seminole Trail
CITY-STATE-ZIP Seminole, FL 33776

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Betsy W Hatfield *Pres.*

03/06/2008