

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90188 002 ****61.25

DOCUMENT # N99000001175

1. Entity Name
**FRIENDS OF THE DEERFIELD BEACH ARBORETUM,
INC.**



Principal Place of Business
**2841 W HILLBORO BLVD
DEERFIELD BEACH, FL 33442**

Mailing Address
**1101 NW 5TH AVE
BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0897801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEHAN, GERALD S
520 S.E. 18TH AVENUE
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEHAN, GERALD S 520 S.E. 18TH AVENUE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SBD HILLMAN, MARY 4025 N FEDERAL HWY., #B228 OAKLAND PARK, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TBD JENNINGS, ROBERT W 1101 NW 5TH AVE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO WELCH, STEVE 509 NE 6TH AVE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, GLENN 1103 REPUBLIC CT DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORAN, BARBARA 2738 KELLEY BROOKE LANE DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 1/9/07 561-338-5329