


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90047 020 ****70.00

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1. Entity Name
THE BROWARD CHAPTER OF THE FLORIDA NATIVE PLANT SOCIETY, INC.



Principal Place of Business
**2103 N. 19TH AVE.
 HOLLYWOOD, FL 33020**

Mailing Address
**2103 NORTH 19TH AVE
 HOLLYWOOD, FL 33020**

2. Principal Place of Business - No P.O. Box #
5620 SW 88th Ave

3. Mailing Address
5620 SW 88th Ave

Suite, Apt. #, etc.

City
Cooper City

City & State
Cooper City

Zip **33328** Country

Zip **33328** Country

4272007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0966597 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

RUSSO, PAULA
2103 NORTH 19TH AVENUE
HOLLYWOOD, FL 33020

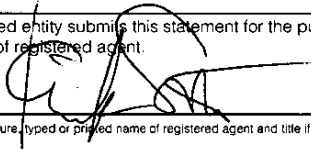
7. Name and Address of New Registered Agent

Name
Kirk Scott

Street Address (P.O. Box Number is Not Acceptable)
5620 SW 88th Ave

City
Cooper City **FL** Zip Code
33328

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  DATE **4/28/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

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

TITLE	T	<input type="checkbox"/> Delete
NAME	RUSSO, PAULA	
STREET ADDRESS	2103 NORTH 19TH AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANGE, JACK	
STREET ADDRESS	886 ALAMANDA CT	
CITY-ST-ZIP	PLANTATION, FL 333171302	
TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, MOLLY	
STREET ADDRESS	341 E SHERIDAN ST #301	
CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARK, SCOTT	
STREET ADDRESS	711 SW 11 ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirk Scott	
STREET ADDRESS	5620 SW 88th Ave	
CITY-ST-ZIP	Cooper City, FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryant Roberts	
STREET ADDRESS	4400 SW 61st Ave	
CITY-ST-ZIP	Davie, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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:  **4/28/07** **954 290-0667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #