


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90250 046 \*\*\*\*70.00

**DOCUMENT # N99000007213**

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



Principal Place of Business  
**5620 SW 88TH AVE  
 FORT LAUDERDALE, FL 33328**

Mailing Address  
**5620 SW 88TH AVE  
 FORT LAUDERDALE, FL 33328**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04212008 Chg-NP CR2E037 (12/06)

City & State  
 City & State

Zip Country Zip Country

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**

**SCOTT, KIRK  
 5620 SW 88TH AVE  
 COOPER CITY, FL 33328**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	SCOTT, KIRK	5620 SW 88TH AVE	COOPER CITY, FL 33328	<input type="checkbox"/>
V	LANGE, JACK	886 ALAMANDA CT	PLANTATION, FL 333171302	<input checked="" type="checkbox"/>
P	ROBERTS, BRYAN	4400 SW 61 AVE	DAVIE, FL 33314	<input checked="" type="checkbox"/>
S	PARK, SCOTT	711 SW 11 ST	FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Vice President	Bryant Roberts	4400 SW 61st Ave	DAVIE, FL 33314	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President	Mariana Yi	8811 SW 57th St	DAVIE, FL 33328	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Kirk Scott	5620 SW 88th Ave	Cooper City, FL 33328	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **4/25/08** DAYTIME PHONE #: **954 290-0667**

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