

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 814109

**Entity Name:** MONTGOMERY BOTANICAL CENTER, INC.**Current Principal Place of Business:**11901 OLD CUTLER RD  
MIAMI, FL 33156**Current Mailing Address:**11901 OLD CUTLER RD  
MIAMI, FL 33156 US**FEI Number:** 13-6153649**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SACHER, CHARLES S  
Address 1429 SAPERA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title ST  
Name HAYNES, WALTER D  
Address 917 1ST ST. #702  
City-State-Zip: JACKSONVILLE FL 32250

Title PRES  
Name KELLY, NICHOLAS  
Address 640 ARVIDA PARKWAY  
City-State-Zip: CORAL GABLES FL 33156

Title VP  
Name SMILEY, KARL DR  
Address 9979 FAIRCHILD WAY  
City-State-Zip: MIAMI FL 33156

Title D  
Name MANZ, PETER  
Address 2068 AUTUMN LANE  
City-State-Zip: VERO BEACH FL 32963

Title VP  
Name SACHER, CHARLES P  
Address 7341 SW 162 STREET  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name POPENOE, JUANITA  
Address 605 CHOCKLAW ST  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name SMILEY, MARK  
Address 624 KINGFISH RD  
City-State-Zip: N. PALM BEACH FL 33408

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR. KARL SMILEY

DIRECTOR

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                   |
|-----------------|-------------------|
| Title           | DIRECTOR          |
| Name            | MANZ, DAVID       |
| Address         | 7705 WAHOO DR     |
| City-State-Zip: | MARATHON FL 33050 |