2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2020
Secretary of State
5908883822CC

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	ASST. SECRETARY, TREASURER
Name	SACHER, CHARLES S
Address	1429 SAPERA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

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

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

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

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

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

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

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

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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 VICE PRESIDENT 02/19/2020

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

Title	DIRECTOR
Name	PEARSON, STEPHEN
Address	10665 SW 62 AVE.
City-State-Zip:	MIAMI FL 33156

Title	PRESIDENT
Name	KELLY, L PATRICK
Address	2200 N GREENWAY DRIVE
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	HAYNES, COL. JUSTIN M.
Address	9108 MEADOWCREEK LN
City-State-Zip:	LORTON VA 22079