

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007130

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: 19TH WORLD ORCHID CONFERENCE, INC.

**Current Principal Place of Business:**

10801 S.W. 124TH STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10801 S.W. 124TH STREET  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 55-0796970      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIGGIANI, JOAN  
6800 APPALOOSA TRAIL  
S W RANCHES, FL 33330      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: FUCHS, ROBERT F  
Address: 28100 SW 182ND AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: VD      ( ) Delete  
Name: KONE, KENNETH M  
Address: 127 W. SHADOWPOINT CIRCLE  
City-St-Zip: THE WOODLANDS, TX 77381

Title: SD      ( ) Delete  
Name: BENNETT, DORTHY P  
Address: 7100 SW 71ST COURT  
City-St-Zip: MIAMI, FL 33310

Title: TD      ( ) Delete  
Name: VIGGIANI, JOAN  
Address: 6800 APPALOOSA TRAIL  
City-St-Zip: SW RANCHES, FL 33330

Title: D      ( ) Delete  
Name: FARWELL, RICHARD  
Address: 2022 S.E.TICKRIDGE ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D      ( ) Delete  
Name: DYKE, NORA  
Address: 3316 NE 39TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOAN VIGGIANI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TRES

04/19/2009

\_\_\_\_\_  
Date