

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90021 020 \*\*\*\*61.25

**DOCUMENT # N02000007130**



1. Entity Name  
**19TH WORLD ORCHID CONFRENCE, INC.**

Principal Place of Business Mailing Address  
**10801 S.W. 124TH STREET 10801 S.W. 124TH STREET**  
**MIAMI FL 33176 MIAMI FL 33176**

**11025831**



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number **55-0196970** Applied For Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANSLEY, BARBARA**  
**701 EAST COMMERCIAL BLVD., 3RD FLOOR**  
**FORT LAUDERDALE FL 33334**

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	FUCHS, ROBERT F	28100 SW 182ND AVENUE	HOMESTEAD FL 33030				
VD	KONE, KENNETH M	5571 NE 26TH AVENUE	FORT LAUDERDALE FL 33308				
SD	BENNETT, DORTHY P	7100 SW 71ST COURT	MIAMI FL 33310				
TD	ANSLEY, BARBARA	PO BOX 6351	FORT LAUDERDALE FL 33310				
D	FARWELL, RICHARD	10855 SW 129TH STREET	MIAMI FL 33176				
D	DYKE, NORA	3316 NE 39TH STREET	FORT LAUDERDALE FL 33308				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara Jean Ansley* **BARBARA JEAN ANSLEY** **TREASURER** 4-28-03 954-776-4774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)