FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -6 PM 12:13

DOCUMENT # **700443** (5)

1. Corporation Name
SOUTH FLORIDA ORCHID SOCIETY INC

Principal Place of Business	Mailing Address
6940 SW 111 PLACE MIAMI FL 33173-2131	4508 NE 21ST LANE FT LAUDERDALE FL 33308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1960
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-0597590 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 10201 SW 124 ST, Miami FL	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State
24 Zip: 33176 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

FARWELL, RICHARD & P.
10855 SW 129 ST.
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	FUCHS, ROBERT	1.2 NAME	FARWELL, Richard
STREET ADDRESS	28100 SW 182ND AVE.	1.3 STREET ADDRESS	10855 SW 129 St.
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Miami, FL 33173
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	BENNETT, DOROTHY	2.2 NAME	CHRISTENSEN, DAN
STREET ADDRESS	1460 NW 113TH AVE	2.3 STREET ADDRESS	2390 BayBerry Cir.
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	VIGGIANI, JOAN	3.2 NAME	DE PAPA, JANE
STREET ADDRESS	6800 APPALOOSA TRAIL	3.3 STREET ADDRESS	2031 NE 59 St.
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	HENLEY, ROBERT H	4.2 NAME	
STREET ADDRESS	4508 NE 21ST LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, WILLIAM A	5.2 NAME	
STREET ADDRESS	8440 SW 80TH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, ROSE	6.2 NAME	
STREET ADDRESS	10350 SW 103RD CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 1/14/95 305-473-7089
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
ROBERT HENLEY

0045702