S-13.98 B- 7293 -C

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

# FILED
# May 13 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **700443** (5)

1. Corporation Name

**SOUTH FLORIDA ORCHID SOCIETY INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 10801 S.W. 124TH ST.<br>MIAMI FL 33176<br>US | 6800 APPALOOSA TRAIL<br>FT LAUDERDALE FL 33308<br>US |

3. Date Incorporated or Qualified: 02/15/1960

4. FEI Number: 59-0597590 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

**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 617.0502 and 617.1508, 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 617.0503, 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 | D | ☑ DELETE | 1.1 TITLE | President | ☑ Change ☐ Addition |
| NAME | ALLISON, JOHN | | 1.2 NAME | Dorothy BENNETT | |
| STREET ADDRESS | 17850 S.W. 50TH CT. | | 1.3 STREET ADDRESS | 1460 N.W 113 AVE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 1.4 CITY-ST-ZIP | Pembroke Pines, Fl. 33026. | |
| TITLE | ~~P~~ D | ☐ DELETE | 2.1 TITLE | V-Pres | ☐ Change ☑ Addition |
| NAME | CHRISTENSEN, DAN | | 2.2 NAME | RUBEN SAULEDA | |
| STREET ADDRESS | 2390 BAY BERRY DR. | | 2.3 STREET ADDRESS | 12566 SW 46 St. | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | 2.4 CITY-ST-ZIP | Miami, Fl. 33175 | |
| TITLE | S | ☑ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DEPAURO, JANE | | 3.2 NAME | | |
| STREET ADDRESS | 2031 NE 59ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | VIGGIANI, JOAN | | 4.2 NAME | | |
| STREET ADDRESS | 6800 APPALOOSA TRAIL | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 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 | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FUCHS, ROBERT | | 6.2 NAME | | |
| STREET ADDRESS | 28100 S.W.182 AVE. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOMESTEAD FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

14. 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 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:** [signature] [illegible] 4/28/98 305-820-3225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037931