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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700443

1. Corporation Name

SOUTH FLORIDA ORCHID SOCIETY INC

Principal Place of Business

10801 S.W. 124TH ST.
MIAMI FL 33176
US

Mailing Address

6800 APPALOOSA TRAIL
FT LAUDERDALE FL 33308
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/15/1960

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BENNETT, DOROTHY**
STREET ADDRESS **1460 NW 113 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **D** ☐ DELETE
NAME **CHRISTENSEN, DAN**
STREET ADDRESS **2390 BAY BERRY DR.**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **VP** ☐ DELETE
NAME **SAULEDA, RUBEN**
STREET ADDRESS **12555 SW 46 STREET**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **T** ☐ DELETE
NAME **VIGGIANI, JOAN**
STREET ADDRESS **6800 APPALOOSA TRAIL**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **RICHARDSON, WILLIAM A**
STREET ADDRESS **8440 SW 80TH PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **FUCHS, ROBERT**
STREET ADDRESS **28100 S.W. 182 AVE.**
CITY-ST-ZIP **HOMESTEAD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Joan Viggiani 4/22/99 954-434-3794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)