

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700443

FILED
Apr 27, 2005
Secretary of State

Entity Name: SOUTH FLORIDA ORCHID SOCIETY INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

6800 APPALOOSA TRAIL
FT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 59-0597590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARWELL, RICHARD P
10855 SW 129 ST.
MIAMI, FL 33173 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: D () Delete
Name: BENNETT, DOROTHY
Address: 1460 NW 113 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S () Delete
Name: HAWK, VICTORIA
Address: 8680 S W 100 STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: CLARK, MARLENE
Address: 10901 SW 156 STREET
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: VIGGIANI, JOAN
Address: 6800 APPALOOSA TRAIL
City-St-Zip: FT. LAUDERDALE, FL

Title: P () Delete
Name: MARCELLINI, EDUARDO
Address: 22930 SW 154 CT.
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: FUCHS, ROBERT
Address: 28100 S.W.182 AVE.
City-St-Zip: HOMESTEAD, FL

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
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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 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 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

TRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date