2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700443

FILED Mar 31, 2007 Secretary of State

Entity Name: SOUTH FLORIDA ORCHID SOCIETY INC

Current Principal Place of Business: New Principal Place of Business: 10801 S.W. 124TH ST. MIAMI, FL 33176 US **Current Mailing Address: New Mailing Address:** 6800 APPALOOSA TRAIL SOUTHWEST RANCHES, FL 33308 US FEI Number: 59-0597590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FARWELL, RICHARD P 2022 S E TICKRIDGE ROAD US PORT ST LUCIE, FL 34952 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BENNETT, DOROTHY BENNETT, DOROTHY Name: Name: 1460 NW 113 AVENUE Address: 7100 S W 71 COURT Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: MIAMI, FL 33143 Title: Title: () Delete () Change () Addition WOOD, MARIA G Name: Name: Address: 29855 S W 187 AVENUE Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: () Delete Title: () Change () Addition CLARK, MARLENE Name: Name: 10901 SW 156 STREET Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VIGGIANI, JOAN Name: 6800 APPALOOSA TRAIL Address: Address: City-St-Zip: SOUTHWEST RANCHES, FL 33330 City-St-Zip: Title: () Delete Title: () Change () Addition MARCELLINI, EDUARDO Name: Name: 22930 SW 154 CT. Address: Address: City-St-Zip: MIAMI, FL 33170 City-St-Zip: Title: () Delete Title: () Change () Addition FUCHS, ROBERT Name: Name: Address: 28100 S.W.182 AVE. Address: HOMESTEAD, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 TREA 03/31/2007