

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710496

FILED
Apr 13, 2007
Secretary of State

Entity Name: NORTH DADE ORCHID CLUB INC.

Current Principal Place of Business:

P. O. BOX 600845
N MIAMI BCH, FL 331600845 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 600845
N MIAMI BCH, FL 331600845 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAPOLITANO, MARIANNE
1634 NE 171 ST
NORTH MIAMI BCH, FL 33162 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: SD () Delete
Name: WERBA, AMY
Address: 2374 NE 183 TER
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D () Delete
Name: ERVING, RON
Address: 5410 LAGOON DR
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: PD () Delete
Name: KINGRY, CAROL
Address: 841 NE 123 ST
City-St-Zip: N MIAMI, FL 33161

Title: TD () Delete
Name: NAPOLITANO, MARIANNE
Address: 1634 NE 171 ST
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: VD () Delete
Name: MOSS, RICK
Address: 3020 MARCOS DRICE #5-509
City-St-Zip: AVENTURA, FL 33160

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
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 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: MARIANNE NAPOLITANO

TD

04/13/2007

Electronic Signature of Signing Officer or Director

Date