## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#710496**

Name:

FILED Mar 19, 2008 Secretary of State

Entity Name: NORTH DADE ORCHID CLUB INC.

**Current Principal Place of Business: New Principal Place of Business:** 

P. O. BOX 600845 P. O. BOX 600845

N MIAMI BCH, FL 331600845 US NORTH MIAMI BEACH, FL 331600845 US

**Current Mailing Address: New Mailing Address:** 

P. O. BOX 600845 P. O. BOX 600845

NORTH MIAMI BEACH, FL 331600845 US N MIAMI BCH, FL 331600845 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAPOLITANO, MARIANNE NAPOLITANO, MARIANNE 1634 NE 171 ST 1634 NE 171 STREET

NORTH NIAMI BCH, FL 33162 NORTH MIAMI BEACH, FL 33162 US US

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: MARIANNE NAPOLITANO 03/19/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SD () Delete (X) Change ( ) Addition

WERBA, AMY SPERLING, MARIA Name: Name: 2374 NE 183 TER Address: 1632 NE 172 STREET Address:

City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: Title: (X) Change ( ) Addition () Delete ERVING, RON Name: NAPOLITANO, MARIANNE Name:

Address: 5410 LAGOON DR Address: 1634 NE 171 STREET City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: NORTH MIAMI BEACH,, FL 33162

Title: () Delete Title: VD. (X) Change ( ) Addition KINGRY, CAROL MOSS, RICK

Name:

3020 MARCOS DRIVE #5 - 509 Address: 841 NE 123 ST Address: City-St-Zip: N MIAMI, FL 33161 City-St-Zip: AVENTURA, FL 33160

Title: TD ( ) Delete Title: SD (X) Change ( ) Addition

Name: NAPOLITANO, MARIANNE Name: WERBA, AMY

Address: 1634 NE 171 ST Address: 2374 NE 183 TERRACE City-St-Zip: N. MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH,, FL 33160

Title: VD (X) Delete Title: () Change () Addition

MOSS, RICK Name: Name: 3020 MARCOS DRICE #5-509 Address: Address: AVENTURA, FL 33160 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 03/19/2008