

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710496

FILED
Mar 08, 2011
Secretary of State

Entity Name: NORTH DADE ORCHID CLUB INC.

Current Principal Place of Business:

P. O. BOX 600845
NORTH MIAMI BEACH, FL 331600845 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 600845
NORTH MIAMI BEACH, 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:

NAPOLITANO, MARIANNE
1634 NE 171 STREET
NORTH MIAMI BEACH, 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: TD
Name: NAPOLITANO, MARIANNE
Address: 1634 NE 171 STREET
City-St-Zip: NORTH MIAMI BEACH,, FL 33162

Title: D
Name: FINKLE, SHIRLEY
Address: 17801 NORTH BAY DRIVE #406
City-St-Zip: SUNNY ISLES, FL 33160

Title: SD
Name: HANLEY, DONNA
Address: 526 NE 142 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: VD
Name: WERBA, AMY
Address: 2374 NE 183 TERRACE
City-St-Zip: NORTH MIAMI BEACH,, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: MARIANNE NAPOLITANO

TD

03/08/2011

Electronic Signature of Signing Officer or Director

Date