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Jan 30 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710522 (4)

1. Corporation Name

BROMELIAD SOCIETY OF SOUTH FLORIDA, INCORPORATED

Principal Place of Business

% FAIRCHILD TROPICAL GARDEN
10901 OLD CUTLER RD.
MIAMI FL 33156-4296

Mailing Address

11000 S.W. 77 CT. CIRCLE
MIAMI FL 33156-3765



3. Date Incorporated or Qualified
03/15/1966

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

4. FEI Number
59-1891192

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DE LEON, NAT
11000 S.W. 77 CT. CIR.
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(b)(1) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CORRIGAN, JR. J	
STREET ADDRESS	6230 SW 49TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SCHRENKER, JAMES	
STREET ADDRESS	9937 SW 194 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KENT, MARTHA	
STREET ADDRESS	7640 SW 60TH AVE	
CITY-ST-ZIP	SO MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRINCE, MOYNA	
STREET ADDRESS	11220 SW 107 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLS, ROBERT E.	
STREET ADDRESS	9735 SW 138 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERMAN, SIDNEY	
STREET ADDRESS	117305 W. 72 AVE.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE GUNN	
1.3 STREET ADDRESS	14641 S.W. 82 CT.	
1.4 CITY-ST-ZIP	MIAMI FL.	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELAINE MILLS	
2.3 STREET ADDRESS	9735 S.W. 138 ST.	
2.4 CITY-ST-ZIP	MIAMI FL.	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CONNIE JOHNSON	
3.3 STREET ADDRESS	7870 S.W. 89 LANE	
3.4 CITY-ST-ZIP	MIAMI FL.	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARTHA KENT	
4.3 STREET ADDRESS	7640 S.W. 60 AVE.	
4.4 CITY-ST-ZIP	MIAMI FL.	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ED. PRINCE	
5.3 STREET ADDRESS	11220 S.W. 107 CT.	
5.4 CITY-ST-ZIP	MIAMI FL.	
6.1 TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PENIEL ROMANELLI	
6.3 STREET ADDRESS	2827 S.W. 2 ST.	
6.4 CITY-ST-ZIP	MIAMI FL.	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E. Mills Robert E. Mills 1-20-97 305-735-3034

CR2E037 (9/96)