


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710522** (4)  
1. Corporation Name  
**BROMELIAD SOCIETY OF SOUTH FLORIDA, INCORPORATED**



Principal Place of Business Mailing Address  
**% FAIRCHILD TROPICAL GARDEN**  
**10901 OLD CUTLER RD.**  
**MIAMI FL 33156-4296**  
**11000 S.W. 77 CT. CIRCLE**  
**MIAMI FL 33156**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
**03/15/1966**  
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**  
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE LEON, NAT**  
**11000 S.W. 77 CT. CIR.**  
**MIAMI FL 33156**  
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE **D**  
NAME **GUNN, GEORGE**  
STREET ADDRESS **14641 SW 82 CT**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **PRESIDENT**  
1.2 NAME **CONNIE JOHNSON**  
1.3 STREET ADDRESS **7870 SW 89 LANE**  
1.4 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D**  
NAME **MILLS, ELAINE VIRGINIA LEPPER**  
STREET ADDRESS **9735 SW 138 ST**  
CITY-ST-ZIP **MIAMI FL 33156**

2.1 TITLE **TREASURER**  
2.2 NAME **ERGO I. GONZALEZ**  
2.3 STREET ADDRESS **15463 SW 113 ST**  
2.4 CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **D**  
NAME **KENT, MARTHA**  
STREET ADDRESS **7640 SW 60TH AVE**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **SECRETARY**  
3.2 NAME **PENIEL ROMANGILI**  
3.3 STREET ADDRESS **2827 SW 2 ST**  
3.4 CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **D**  
NAME **PRINCE, MOYNA**  
STREET ADDRESS **11220 SW 107 COURT**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **DIRECTOR**  
4.2 NAME **ED PRINCE**  
4.3 STREET ADDRESS **11220 SW 107 CT**  
4.4 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **TD**  
NAME **MILLS, ROBERT E.**  
STREET ADDRESS **9735 SW 138 STREET**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE **DIRECTOR**  
5.2 NAME **ELAINE MILLS**  
5.3 STREET ADDRESS **9735 SW 138 ST**  
5.4 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **D**  
NAME **SILVERMAN, SIDNEY FRANK SHERMAN**  
STREET ADDRESS **117305 W. 74 AVE.**  
CITY-ST-ZIP **MIAMI FL 33156**

6.1 TITLE **DIRECTOR**  
6.2 NAME **DONNA PEARCE**  
6.3 STREET ADDRESS **6421 S. MITCHELL MANOR CR**  
6.4 CITY-ST-ZIP **MIAMI, FL 33156**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/98 (305) 382-0691**

CF2E037 (10/97)