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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714299

1. Corporation Name

SOUTH DADE AMATEUR ORCHID CLUB, INC.

* 9 8 5 8 8 *
98588 - 90142 - 46

Principal Place of Business

P.O. BOX 557172
LUDLUM STATION
MIAMI FL 33255-7172
US

Mailing Address

P.O. BOX 557172
LUDLUM STATION
MIAMI FL 33255-7172
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/25/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2343759

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEDUC, ALBERT L., JR.
10321 SW 107 ST.
MIAMI FL 33176

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CORSON, LYNN
STREET ADDRESS 17375 SW 299TH ST
CITY-ST-ZIP HOMESTEAD FL
 DELETE

1.1 TITLE P
1.2 NAME DEBBIE BOURNE
1.3 STREET ADDRESS 7980 SW 157 ST
1.4 CITY-ST-ZIP MIAMI, FL 33157
 Change Addition

TITLE T
NAME ROBERT BENAIM
STREET ADDRESS 8001 SW 64 ST
CITY-ST-ZIP MIAMI FL
BENAIM
33143-2616
 DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
 Change Addition

TITLE SD
NAME GODFREY, JILL
STREET ADDRESS 6767 SW 112TH ST
CITY-ST-ZIP MIAMI, FL 00000
33156
 DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
 Change Addition

TITLE VD
NAME SANDOW, LEONARD
STREET ADDRESS 8260 SW 151ST ST
CITY-ST-ZIP MIAMI FL
 DELETE

4.1 TITLE EDWIN DE JESUS
4.2 NAME 5242 SW 139 PL
4.3 STREET ADDRESS MIAMI, FL 33175
VD
 Change Addition

TITLE VP
NAME KELLY, JOYCE
STREET ADDRESS 12310 SW 35TH ST
CITY-ST-ZIP MIAMI FL
33175
 DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
 Change Addition

TITLE SD
NAME PARKER, ROBERT
STREET ADDRESS 12209 SW 132ND CT
CITY-ST-ZIP MIAMI FL
33156
 DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

305-274-4251

Date

Daytime Phone #

CR2E037 (1/198)