


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 716377 1. Entity Name THE GOLD COAST UNLIMITED ORCHID SOCIETY, INC.	
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Principal Place of Business 1631 NE 144TH STREET MIAMI, FL 33181	Mailing Address 1631 NE 144TH STREET MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7135100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, HELEN
1631 NE 144 TH ST
MIAMI, FL 33181

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000213530
02/03/05-80073-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENNERT, HOWARD 10110 W BAY HBR DR BAY HBR ISL, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZ, HELEN 1631 NE 144 ST MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, KARL 1710 NE 137 TR MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTLEY, SHARON 1620 S. TREASURE DR N. BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLOTKIN, MARC 1720 NE 199 ST MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Karl D. Thompson
KARL D. THOMPSON
TREASURER

1-31-05

Date

954-989-2200

Daytime Phone #