

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 716377**

1. Entity Name  
**THE GOLD COAST UNLIMITED ORCHID SOCIETY, INC.**



Principal Place of Business  
**1631 NE 144TH STREET  
MIAMI, FL 33181**

Mailing Address  
**1631 NE 144TH STREET  
MIAMI, FL 33181**



01292008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-7135100</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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	VD PLOTKIN, MARC 1720 NE 199 ST MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEPRIEST, LOUIS 120 NW 156 STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000810870  
02/11/08-80004-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Karl D. Thompson Treasurer* 1/29/08 305-899-1710  
**KARL D. THOMPSON**