

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716377

FILED  
Mar 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1631 NE 144TH STREET  
MIAMI, FL 33181

**New Principal Place of Business:**

1590 NE 125TH STREET  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

1631 NE 144TH STREET  
MIAMI, FL 33181

**New Mailing Address:**

1590 NE 125TH STREET  
NORTH MIAMI, FL 33161

**FEI Number:** 23-7135100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SCHWARTZ, HELEN  
1710 NE 137 TERRACE  
NORTH MIAMI, FL 33181 US

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.

SIGNATURE:

03/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SCHWARTZ, HELEN  
Address: 1631 NE 144 ST  
City-St-Zip: MIAMI, FL 33181

Title: T ( ) Delete  
Name: THOMPSON, KARL  
Address: 1710 NE 137 TR  
City-St-Zip: MIAMI, FL 33181

Title: SD ( ) Delete  
Name: HARTLEY, SHARON  
Address: 1620 S. TREASURE DR  
City-St-Zip: N. BAY VILLAGE, FL 33141

Title: VD ( ) Delete  
Name: PLOTKIN, MARC  
Address: 1720 NE 199 ST  
City-St-Zip: MIAMI, FL 33179

Title: PD ( ) Delete  
Name: DEPRIEST, LOUIS  
Address: 120 NW 156 STREET  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL THOMPSON

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date