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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:16

DOCUMENT # 736440 (9)

1. Corporation Name
SOUTH FLORIDA FERN SOCIETY INC.

Principal Place of Business	Mailing Address
C/O FAIRCHILD TROPICAL GARDEN 10901 OLD CUTLER ROAD MIAMI FL 33156-296 US	11730 SW 72ND AVENUE MIAMI FL 33156-~~616~~ 4616 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1976
3a. Date of Last Report: 02/03/1994
4. FEI Number: 23-7205479 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SILVERMAN, SIDNEY M
11730 S. W. 72 AVENUE
MIAMI FL 33156-4616

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, VALERIE	1.2 NAME	
STREET ADDRESS	1050 N.E. 122ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161-5827	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITEHEAD, REGGIE	2.2 NAME	
STREET ADDRESS	6880 S.W. 75TH TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	HOLT, BOB	3.2 NAME	
STREET ADDRESS	1050 N E 122 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL ~~33~~ 33161-5827	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, SIDNEY	4.2 NAME	
STREET ADDRESS	11730 SW 72ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156-4616	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	JOHN CORRIGAN JR ☐ Change ☑ Addition
NAME	~~MOORE, THOMAS~~	5.2 NAME	
STREET ADDRESS	~~6880 S.W. 75 TERRACE~~	5.3 STREET ADDRESS	6230 S.W. 49 ST.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	VPD	6.1 TITLE	☑ Change ☐ Addition
NAME	SILVERMAN, ZELDA	6.2 NAME	
STREET ADDRESS	11730 S.W. 72 AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL ~~10~~ 4616	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sidney M Silverman TRES 1/17/95 305-235-3559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006874