

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 736440 (9)**

1. Corporation Name  
**SOUTH FLORIDA FERN SOCIETY INC.**



Principal Place of Business  
**C/O FAIRCHILD TROPICAL GARDEN  
10901 OLD CUTLER ROAD  
MIAMI FL 33156-296  
US**

Mailing Address  
**11730 SW 72ND AVENUE  
#  
MIAMI FL 33156-4616  
US**

3. Date Incorporated or Qualified  
**07/23/1976**

3a. Date of Last Report  
**02/10/1995**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26 6880 S.W. 75 Terr.**

4. FEI Number  
**23-7205479**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23 South Miami, FL**

City & State  
**28 South Miami, FL**

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

Zip  
**24 33143**

Country  
**25 US**

Zip  
**29 33143-4427**

Country  
**30 Dade**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 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

**81 Name Thomas G. Moore**

**82 Street Address (P.O. Box Number is Not Acceptable) 6880 S.W. 75 Terrance**

**83**

**84 City South Miami, FL 85 Zip Code 33143-4427**

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 **Thomas G. Moore** **Thomas G. Moore** **Treasurer 1-19-96**

(NOTE: Registered Agent signature required when reinstating) DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, VALERIE	
STREET ADDRESS	1050 N.E. 122ND ST.	
CITY-ST-ZIP	MIAMI FL 33161-5827	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITEHEAD, REGGIE	
STREET ADDRESS	6880 S.W. 75TH TERR.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, BOB	
STREET ADDRESS	1050 N E 122 STREET	
CITY-ST-ZIP	N. MIAMI FL 27	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, SIDNEY	
STREET ADDRESS	11730 SW 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33156-4616	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORRINGAN, JOHN JR	
STREET ADDRESS	6230 SW 49 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, ZELDA	
STREET ADDRESS	11730 S.W. 72 AVENUE	
CITY-ST-ZIP	MIAMI FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Whitehead, Reggie	
13 STREET ADDRESS	6880 S.W. 75 Terr	
14 CITY-ST-ZIP	South Miami, FL 33143-4427	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Feld, William	
23 STREET ADDRESS	6900 S.W. 112 St	
24 CITY-ST-ZIP	Miami, FL 33156	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Holt, Valerie	
33 STREET ADDRESS	1050 N.E. 122nd St.	
34 CITY-ST-ZIP	Miami, FL 33161-5827	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Moore, Thomas G.	
43 STREET ADDRESS	6880 S.W. 75 Terr.	
44 CITY-ST-ZIP	South Miami, FL 33143-4427	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Silverman, Sidney	
63 STREET ADDRESS	11730 SW 72nd Ave.	
64 CITY-ST-ZIP	Miami, FL 33156-4616	

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)(k), 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: **Thomas G. Moore** **Treasurer 1-19-96 (305) 666-0219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)