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 # 739760 (7)

1. Corporation Name

BROMELIAD SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
601 S PHELPS AVE WINTER PARK FL 32789	601 S PHELPS AVE WINTER PARK FL 32789

3. Date Incorporated or Qualified: 07/29/1977
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1464 SURRY RUN CT.	26 1464 SURRY RUN CT.
Suite, Apt. #, etc. 22 DELTONA, FL	Suite, Apt. #, etc. 27 DELTONA, FL
City & State 23 32725	City & State 28 32725
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1882896 ☐ 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

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

9. Name and Address of Current Registered Agent

WOOD, J.BRIAN
37 CROTON DR.
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON GEOFF 3961 MARKHAM WOODS RD LONGWOOD FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD JOHNSON, GEOFF. D 3961 MARKHAM WOODS RD. LONGWOOD, FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOSGATE ED 1880 INDIAN AVE WINTER PARK FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD McCRORY, AUDREY D 3615 BOGGY CREEK RD. KISSIMMEE, FL 34744	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEUBAUR, ROBERT 601 S PHELPS AVE WINTER PARK FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD FIGUEIREDO, TONY D 1464 SURRY RUN CT. DELTONA, FL 32725	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALL NANCY 1111 GLEN GARRY CR MAITLAND FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD FOSGATE, EDWARD D 1380 INDIANA AVE. WINTER PARK, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: TONY FIGUEIREDO T. M. de Figueiredo 3/29/96 407-660-4075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #