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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739760**

1. Corporation Name
BROMELIAD SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
1329 STERLING OAKS DR CASSELBERRY FL 32707 US	1329 STERLING OAKS DR CASSELBERRY FL 32707 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3615 Boggy Creek Rd	26 3615 Boggy Creek Rd	07/29/1977
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1382896 ☐ Applied For ☐ Not Applicable
23 City & State: Kissimmee FL	28 City & State: Kissimmee FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip: 34744-9416 25 Country: US	29 Zip: 34744-9416 30 Country: US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOOD, J.BRIAN 37 CROTON DR. ORLANDO FL 32807	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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON GEOFF		1.2 NAME		
STREET ADDRESS	3961 MARKHAM WOODS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL, EDWARD		2.2 NAME		
STREET ADDRESS	1111 GLEN GARRY CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCRORY, ELIZABETH		3.2 NAME		
STREET ADDRESS	3615 BOGGY CREEK RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	S.D	☒ Change ☐ Addition
NAME	~~MASSEY, SHIRLEY~~		4.2 NAME	Peggy ~~Massey~~ HANDLEY	
STREET ADDRESS	817 ~~ANTONETTE~~ AVE		4.3 STREET ADDRESS	711 Monmouth Way	
CITY-ST-ZIP	WINTER PARK FL 32789		4.4 CITY-ST-ZIP	Winter Park FL 32792	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: ~~Elizabeth A McCrory~~ Elizabeth A McCrory 4/26/99 (407) 859-4390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #