2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90015 003 ****61.25

DOCUMENT # 739760

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

Principal Place of Business	Mailing Address
1920 N. FOREST AVE. ORLANDO, FL 32803 US	PO BOX 536961 ORLANDO, FL 32853-6961

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1882896 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ELAISE BEACH~~ ~~2105 VICK ROAD~~ ~~APOPKA, FL 32712~~	Name: ELIZABETH A MCCRORY Street Address (P.O. Box Number is Not Acceptable): 3615 BOGGY CREEK RD City: KISSIMMEE FL Zip Code: 34744

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Elizabeth McCrory 4/01/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HENRY, HERBERT 2101 NORTH HASTING ST. ORLANDO, FL 32808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAREN ANDREAS 617 FIFTH ST MERRITT ISLAND FL 32953-3338	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FLESHER, PAM PO BOX 37 WINDERMERE, FL 34786	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBERT STEVENS 603 CLUSTERWOOD DR YAHALA FL 34797	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KWIAT, HELEN 1329 STERLING OAKS DRIVE CASSELBERRY, FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELIZABETH MCCRORY 3615 BOGGY CREEK RD KISSIMMEE FL 34744-9416	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CIMATO, MICHAEL 3748 VENTURA COVE DRIVE ORLANDO, FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BETTY SALVAS 2817 NANCY ST ORLANDO FL 32806	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth A McCrory ELIZABETH MCCRORY 4/01/04 (407) 859-4390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #