## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 743894**

FILED Feb 03, 2006 Secretary of State

Entity Name: FORT LAUDERDALE ORCHID SOCIETY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1955 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306 **Current Mailing Address: New Mailing Address:** PO BOX 4677 FORT LAUDERDALE, FL 33338 FEI Number: 23-7372473 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENLEY, ROBERT H 4508 NE 21 LANE FORT LAUDERDALE, FL 33308 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DYKE, NORA Name: Name: 3316 EN 39 ST. Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete HILL, SYLVIA Name: HILL, SYLVIA Name: Address: 16355 VIA VENETIA W Address: 16355 VIA VENETIA W City-St-Zip: DELRAY BEACH, FL City-St-Zip: DELRAY BEACH, FL Title: VΡ Title: (X) Change ( ) Addition () Delete BLANC, TOM BLANC, TOM Name: Name: 6111 NW 34 WAY Address: Address: 6111 NW 34 WAY City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33309 Title: ( ) Delete Title: (X) Change ( ) Addition Name: SCHERER, PHILLIP Name: MUNTZ, BRUCE Address: 6191 NW 34 WAY Address: 6610 NE 20 TERRACE City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33308 Title: () Delete Title: (X) Change ( ) Addition COLEMAN, RUSTY COLEMAN, RUSTY Name: Name: 9675 NW 39 CT 9675 NW 39 CT Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 Title: () Delete Title: () Change () Addition COGAR, ALLAN Name: Name: Address: 1315 NE 25 AVE Address: POMPANO BEACH, FL 33062 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. HENLEY T 02/03/2006