

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90026 033 ****61.25

DOCUMENT # 743894	
1. Entity Name FORT LAUDERDALE ORCHID SOCIETY, INC.	

Principal Place of Business 1955 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306	Mailing Address PO BOX 4677 FORT LAUDERDALE, FL 33338
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7372473	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HENLEY, ROBERT H 4508 NE 21 LANE FORT LAUDERDALE, FL 33308	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
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, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKE, NORA 3316 EN 39 ST. FORT LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MA, JOHNNY 17845 SW 10TH COURT PEMBROKE PINES, FL 33024 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, SYLVIA 16355 VIA VENETIA W DELRAY BEACH, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNAY, CHRIS 2122 NE 67TH ST FT. LAUDERDALE, FL 33308 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENLEY, ROBERT 4508 NE 21ST LANE FORT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHABERL, MICHAEL 801 NE 1ST ST FT. LAUDERDALE, FL 33301 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNTZ, BRUCE 6610 NE 20 TERRACE FORT LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSGRAVE, WAYNE 1730 NE 28TH ST FT. LAUDERDALE, FL 33334 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVENBANK, MAC 1400 SW 32ND CT. FORT LAUDERDALE, FL 33315 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNORS, JOAN 2886 WATERFORD DR. DAERFIELD BEACH, FL 33442 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COGAR, ALLAN 1315 NE 25 AVE POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CREPAGE, CHRIS 1401 NE 27TH DR. WILTON MANORS, FL 33334 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert Henley - Robert Henley **1-15-2008** **954-772-4836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #