## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#762842** 

City-St-Zip:

FILED Mar 20, 2006 Secretary of State

Entity Name: THE SOUTH FLORIDA PALM SOCIETY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 10901 OLD CUTLER ROAD CORAL GABLES, FL 33156 US **Current Mailing Address: New Mailing Address:** 30150 SW 170 AVE P.O. BOX 2424 FT. LAUDERDALE, FL 33303 US HOMESTEAD, FL 33030 US FEI Number: 59-2528151 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, KEN OLSON, WILLIAM R JR. 22845 S.W. 163RD AVENUE 30150 SW 170 AVE. MIAMI, FL 33170 HOMESTEAD, FL 33030 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: WILLIAM R OLSON JR. 03/20/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STERN, PETER S Name: Name: 25000 SW 152ND AVE. Address: Address: City-St-Zip: MIAMI, FL 33032 City-St-Zip: Title: TD () Delete Title: (X) Change ( ) Addition DAVIS, LAWRENCE L Name: GEORGE, ALVAREZ Name: Address: P.O. BOX 2424 Address: 3001 SW 133 CT. City-St-Zip: FT. LAUDERDALE, FL 33303 City-St-Zip: MIAMI, FL 33175 Title: PD () Delete Title: (X) Change ( ) Addition JOHNSON, KEN Name: JOHNSON, KEN Name: 22845 SE 163RD AVE 22845 SE 163RD AVE Address: Address: City-St-Zip: MIAMI, FL 33170 City-St-Zip: MIAMI, FL 33170 ( ) Delete Title: Title: () Change () Addition CHAIT, JEFF Name: Name: 9621 SW 102ND STREET Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: VPD DS () Delete Title: (X) Change ( ) Addition DEMOTT, JOHN Name: Name: DEMOTT, JOHN 18455 S.W. 264TH STREET 18455 S.W. 264TH STREET Address: Address: City-St-Zip: MIAMI, FL 33031 City-St-Zip: MIAMI, FL 33031 Title: () Delete Title: ( ) Change (X) Addition OLSON, WILLIAM R JR. Name: Name: Address: Address: 30150 SW 170 AVE.

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.

City-St-Zip:

HOMESTEAD, FL 33030

SIGNATURE: WILLIAM R OLSON JR. PD 03/20/2006