

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90112 038 \*\*\*\*61.25

**DOCUMENT # N00000007953**

1. Entity Name  
**ORCHID SOCIETY OF CORAL GABLES, INC.**



Principal Place of Business  
P.O. BOX 560092  
MIAMI, FL 33256-0092 1

Mailing Address  
P.O. BOX 560092  
MIAMI, FL 33256-0092 1

**50026113**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1063975**

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

**BONETTI, PEDRO**  
**679 NW 14 STREET**  
**HOMESTEAD, FL 33030**

Name **MARIO R. LOPEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**2718 ALHAMBRA CIRCLE**  
City **CORAL GABLES** FL Zip Code **33134**

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]*

**MARIO R. LOPEZ** x **3/10/2005**

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, 2005**

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 ☒ Delete  
NAME **BONETTI, PEDRO**  
STREET ADDRESS **679 NW 14 STREET**  
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE ☐ Change ☒ Addition  
NAME **GODFREY, JILL**  
STREET ADDRESS **6767 SW 112 ST**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☒ Delete  
NAME **ELLIOTT, LEIGH**  
STREET ADDRESS **15921 SW 104 CT**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☒ Change ☐ Addition  
NAME **CLAIRE SIDRAN**  
STREET ADDRESS **7971 SW 122 ST.**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☒ Delete  
NAME **MEW, DOUGLAS**  
STREET ADDRESS **15701 SW 101 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Change ☒ Addition  
NAME **JAVIER MOREJON**  
STREET ADDRESS **710 MALAGA AVE.**  
CITY-ST-ZIP **CORAL GABLES**

TITLE ☒ Delete  
NAME **SIDRAN, CLAIRE**  
STREET ADDRESS **7971 SW 122 STREET**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Change ☒ Addition  
NAME **KARL KREMSE**  
STREET ADDRESS **12204 SW 109 CT**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/08/05** **305 668-4697**  
Date Daytime Phone #