2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90219 023 ****61.25

DOCUMENT # N00000007953

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

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

400838U9

2. Principal Place of Business — Suite, Apt. #, etc.

3. Mailing Address — Suite, Apt. #, etc.

65-1063975

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent — Name

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, 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, 2006

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	T	TITLE	TREASURER ☑ Change ☐ Addition
NAME	~~GODFREY, JILL~~ FEENANE EDWARD ☐ Delete	NAME	FEENANE EDWARD
STREET ADDRESS	~~6767 SW 112 ST~~	STREET ADDRESS	5821 SW 67 AVE
CITY-ST-ZIP	MIAMI, FL 331~~66~~ 43	CITY-ST-ZIP	MIAMI FL 33143
TITLE	P	TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	SIDRAN, CLAIRE PRESSMAN BEN ☐ Delete	NAME	PRESSMAN BEN
STREET ADDRESS	~~7871 SW 122 ST~~	STREET ADDRESS	1110 ANDORA AVE
CITY-ST-ZIP	~~MIAMI, FL 33156~~ CORAL GABLES FL	CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOREJON, JAVIER	NAME	
STREET ADDRESS	710 MALAGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	KREMSER, KARL	NAME	
STREET ADDRESS	12204 SW 109 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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), F.S., and that this 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: Edward Feenane