


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000004776</b>	
1. Entity Name <b>THE PALM AND CYCAD SOCIETY OF BROWARD, INC.</b>	

Principal Place of Business <b>1031 NORTH 75TH AVENUE HOLLYWOOD, FL 33024</b>	Mailing Address <b>PO BOX 2424 FORT LAUDERDALE, FL 33303</b>
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**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1142940</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	
<b>RODRIGUEZ, ERASMO 1031 NORTH 75TH AVENUE HOLLYWOOD, FL 33024</b>	

**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODRIGUEZ, ERASMO 1031 NORTH 75TH AVENUE HOLLYWOOD, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOOLS, PENNY W 9453 S.W. 53RD STREET COOPER CITY, FL 33328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIS, LAWRENCE L 108 S.E. 8TH AVENUE, SUITE 110 FT. LAUDERDALE, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/04-80034-008 61.25

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.

<b>SIGNATURE:</b>  <b>LAWRENCE L. DAVIS, DIRECTOR</b>	Date <b>4/15/04</b>	Daytime Phone # <b>(954) 462-7115</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		