## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 16, 2005 8:00 am Secretary of State DOCUMENT # N01000004776 02-16-2005 90019 043 \*\*\*\*61.25 THE PALM AND CYCAD SOCIETY OF BROWARD, INC. Principal Place of Business Mailing Address 1031 NORTH 75TH AVENUE PO BOX 2424 40018879 HOLLYWOOD, FL 33024 FORT LAUDERDALE, FL 33303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 65-1142940 Not Applicable .Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, ERASMO Street Address (P.O. Box Number is Not Acceptable) 1031 NORTH 75TH AVENUE HOLLYWOOD, FL 33024 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) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE O TITLE ☐ Delete ☐ Change ☐ Addition NAME RODRIGUEZ, ERASMO NAME STREET ADDRESS 1031 NORTH 75TH AVENUE STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL 33024 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition WOOLS, PENNY W NAME MAME STREET ADDRESS 9453 S.W. 53RD STREET STREET ADDRESS COOPER CITY, FL 33328 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition DAVIS, LAWRENCE L NAME NAME STREET ADDRESS 108 S.E. 8TH AVENUE, SUITE 110 STREET ADDRESS CITY-SI-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP ☐ Detete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Detete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete ■ Addition

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 true 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY+ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF

AWRENCE LIDAVIS, DIRECTOR 2/14/05

FILED