## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90420 040 \*\*\*\*61.25

## ANNUAL REPORT DOCUMENT # N01000004776

SIGNATURE:

SIGNATURE AND TYPED OF

THE PALM AND CYCAD SOCIETY OF BROWARD, INC. Principal Place of Business Mailing Address 50013204 1031 NORTH 75TH AVENUE PO BOX 2424 HOLLYWOOD, FL 33024 FORT LAUDERDALE, FL 33303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-1142940 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WRENCE RODRIGUEZ, ERASMO 1031 NORTH 75TH AVENUE HOLLYWOOD, FL 33024 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. AWRENCE L. DAVIS SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name nistered agent and title if applicable 9. Election Campaign Financing Filing Fee 1 \$61.2 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D ☐ Defete TITLE TITLE Change ☐ Addition RODRIGUEZ, ERASMO NAME NAME 1031 NORTH 75TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change WOOLS, PENNY W NAME NAME 9453 S.W. 53RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33328 CITY-ST-ZIP ☐ Detete TITLE TITLE Change ☐ Addition DAVIS, LAWRENCE L NAME NAME STREET ADDRESS 108 S.E. 8TH AVENUE, SUITE 110 STREET ADDRESS FT. LAUDERDALE, FL 33301 CITY-ST-7IP CITY+ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ 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 exemptions contained 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 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.

AWRENCE L.DAVIS