

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # N01000004776

1. Entity Name
THE PALM AND CYCAD SOCIETY OF BROWARD, INC.



Principal Place of Business
**1031 NORTH 75TH AVENUE
HOLLYWOOD, FL 33024**

Mailing Address
**PO BOX 2424
FORT LAUDERDALE, FL 33303**



02242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1142940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, LAWRENCE L
108 SE 8TH AVE, # 10
FORT LAUDERDALE, FL 33301**

**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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000656456
03/14/07-80025-025 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, ERASMO
STREET ADDRESS	1031 NORTH 75TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	D
NAME	WOOLS, PENNY W
STREET ADDRESS	9453 S.W. 53RD STREET
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	D
NAME	DAVIS, LAWRENCE L
STREET ADDRESS	108 S.E. 8TH AVENUE, SUITE 110
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE L. DAVIS, DIRECTOR 2/24/07

Date

Daytime Phone #