2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007208

FILED Jan 28, 2009 Secretary of State

Entity Name: BOCA RATON BROMELIAD SOCIETY, INC.

	rincipal Place of Business:	New Principal Place of Business:
	MON TREE LANE TON, FL 33428	
urrent N	lailing Address:	New Mailing Address:
	MON TREE LANE TON, FL 33428	
l Number	: 65-1147965 FEI Number Applied For() FE	El Number Not Applicable () Certificate of Status Desired ()
ame and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	TAMMY MON TREE LANE TON, FL 33428 US	
	e named entity submits this statement for the purpo e of Florida.	se of changing its registered office or registered agent, or bo
GNATU	RE:	
	Electronic Signature of Registered Agent	Date
FICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
le: me:	PD () Delete LIBERTUCCI, JOE	Title: () Change () Addition Name:
dress:	12106 61ST LANE NORTH WEST PALM BEACH, FL 33412	Address: City-St-Zip:
dress: y-St-Zip: e: me: dress: y-St-Zip:		Address:
dress: y-St-Zip: e: me: dress:	WEST PALM BEACH, FL 33412 VD () Delete BURGER, CATHERINE 640 ATLANTIS ESTATES WAY	Address: City-St-Zip: Title: () Change () Addition Name: Address:
dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	WEST PALM BEACH, FL 33412 VD () Delete BURGER, CATHERINE 640 ATLANTIS ESTATES WAY LAKE WORTH, FL 33462 SD () Delete SISTRUNK, ALLEN 840 SW 3RD ST.	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress: dress:	WEST PALM BEACH, FL 33412 VD () Delete BURGER, CATHERINE 640 ATLANTIS ESTATES WAY LAKE WORTH, FL 33462 SD () Delete SISTRUNK, ALLEN 840 SW 3RD ST. BOCA RATON, FL 33486 TD () Delete HORAN, BARBARA 2738 KELLEY BROOKE LANE	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: TD (X) Change () Addition Name: MARKS, TAMMY Address: 22690 LEMON TREE LANE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY MARKS TD 01/28/2009