

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007208

FILED
Jan 28, 2009
Secretary of State

Entity Name: BOCA RATON BROMELIAD SOCIETY, INC.

Current Principal Place of Business:

22690 LEMON TREE LANE
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

22690 LEMON TREE LANE
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 65-1147965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, TAMMY
22690 LEMON TREE LANE
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIBERTUCCI, JOE
Address: 12106 61ST LANE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VD () Delete
Name: BURGER, CATHERINE
Address: 640 ATLANTIS ESTATES WAY
City-St-Zip: LAKE WORTH, FL 33462

Title: SD () Delete
Name: SISTRUNK, ALLEN
Address: 840 SW 3RD ST.
City-St-Zip: BOCA RATON, FL 33486

Title: TD () Delete
Name: HORAN, BARBARA
Address: 2738 KELLEY BROOKE LANE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: BETHMANN, NICK
Address: 726 FORSYTH ST.
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: THOMPSON, LYNN
Address: 6983 ASHTON ST.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
City-St-Zip: BOCA RATON, FL 33428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

_____ Date