

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90182 036 ****61.25

DOCUMENT # N02000007130

1. Entity Name

19TH WORLD ORCHID CONFERENCE, INC.



Principal Place of Business

10801 S.W. 124TH STREET
MIAMI FL 33176

Mailing Address

10801 S.W. 124TH STREET
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0796970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANSLEY, BARBARA
701 EAST COMMERCIAL BLVD., 3RD FLOOR
FORT LAUDERDALE FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **FUCHS, ROBERT F**
STREET ADDRESS **28100 SW 182ND AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **VD** ☐ Delete
NAME **KONE, KENNETH M**
STREET ADDRESS **5571 NE 26TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **SD** ☐ Delete
NAME **BENNETT, DORTHY P**
STREET ADDRESS **7100 SW 71ST COURT**
CITY-ST-ZIP **MIAMI FL 33310**

TITLE **TD** ☐ Delete
NAME **ANSLEY, BARBARA**
STREET ADDRESS **PO BOX 6351**
CITY-ST-ZIP **FORT LAUDERDALE FL 33310**

TITLE **D** ☐ Delete
NAME **FARWELL, RICHARD**
STREET ADDRESS **10855 SW 129TH STREET**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete
NAME **DYKE, NORA**
STREET ADDRESS **3316 NE 39TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Date

Daytime Phone #