

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007130

FILED
Apr 05, 2008
Secretary of State

Entity Name: 19TH WORLD ORCHID CONFERENCE, INC.

Current Principal Place of Business:

10801 S.W. 124TH STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10801 S.W. 124TH STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number: 55-0796970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIGGIANI, JOAN
6800 APPALOOSA TRAIL
S W RANCHES, FL 33330 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: DP () Delete
Name: FUCHS, ROBERT F
Address: 28100 SW 182ND AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: VD () Delete
Name: KONE, KENNETH M
Address: 127 W. SHADOWPOINT CIRCLE
City-St-Zip: THE WOODLANDS, TX 77381

Title: SD () Delete
Name: BENNETT, DORTHY P
Address: 7100 SW 71ST COURT
City-St-Zip: MIAMI, FL 33310

Title: TD () Delete
Name: VIGGIANI, JOAN
Address: 6800 APPALOOSA TRAIL
City-St-Zip: SW RANCHES, FL 33330

Title: D () Delete
Name: FARWELL, RICHARD
Address: 2022 S.E.TICKRIDGE ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Delete
Name: DYKE, NORA
Address: 3316 NE 39TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

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

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: JOAN VIGGIANI

TREA

04/05/2008

Electronic Signature of Signing Officer or Director

Date