

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008483

FILED
Mar 12, 2009
Secretary of State

Entity Name: THE SOUTH FLORIDA EMERALD SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 836225
MIAMI, FL 332836225

New Principal Place of Business:

Current Mailing Address:

PO BOX 836225
MIAMI, FL 332836225

New Mailing Address:

P.O. BOX 836225
MIAMI, FL 332836225

FEI Number: 27-0070190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, CHRISTOPHER P
11098 BISCAYNE BOULEVARD
SUITE 205
MIAMI, FL 33161 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: KERR, OLIVER PRES
Address: 8305 S.W. 169TH TERRACE
City-St-Zip: PALMETTO BAY, FL 33157

Title: VD () Delete
Name: LINDEMAN, JON B VP
Address: 8480 S.W. 66TH STREET
City-St-Zip: MIAMI, FL 33143

Title: VD () Delete
Name: MCKAY, JANICE VP
Address: 9908 S.W. 218TH TERRACE
City-St-Zip: MAIMI, FL 33190

Title: TD () Delete
Name: DOHERTY, JOHN P TREA
Address: 9810 S.W. 115 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: HD () Delete
Name: FITZGERALD, DANIEL L HIST
Address: 6251 S.W. 36TH STREET
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: RYAN, HUGH A REC-SEC
Address: 1320 S.W. 13TH AVENUE
City-St-Zip: MIAMI, FL 33129

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: JOHN P. DOHERTY

TD

03/12/2009

Electronic Signature of Signing Officer or Director

Date