

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006426

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** BROMELIAD SOCIETY OF BROWARD COUNTY INC.

**Current Principal Place of Business:**

21 HOLLY LANE  
PLANTATION,, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

21 HOLLY LANE  
PLANTATION, FL 33317 US

**New Mailing Address:**

21 HOLLY LANE  
PLANTATION,, FL 33317 US

**FEI Number:** 26-0457586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDRIX, COLLEEN  
21 HOLLY LANE  
PLANTATION, FL 33317 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: P ( ) Delete  
Name: HENDRIX, COLLEEN  
Address: 21 HOLLY LANE  
City-St-Zip: PLANTATION, FL 33317 US

Title: VP ( ) Delete  
Name: HENDRIX, TIMOTHY  
Address: 21 HOLLY LANE  
City-St-Zip: PLANTATION, FL 33317 US

Title: T ( ) Delete  
Name: SEARLE, LARRY  
Address: 14847 SW 34 ST  
City-St-Zip: DAVIE, FL 33331 US

**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:

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: LARRY SEARLE

T

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date