2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000006426

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Entity Name: BROMELIAD SOCIETY OF BROWARD COUNTY INC.

Current Principal Place of Business: New Principal Place of Business:

21 HOLLY LANE 12500 LAKE ROAD PLANTATION,, FL 33317 US DAVIE, FL 33325 US

Current Mailing Address: New Mailing Address:

21 HOLLY LANE P O BOX 17272

PLANTATION, FL 33317 US PLANTATION, FL 33312 US

FEI Number: 26-0457586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HENDRIX, COLLEEN
21 HOLLY LANE
PLANTATION, FL 33317 US
FRAZEL, MAUREEN
12500 LAKE ROAD
DAVIE, FL 33325 US

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: MAUREEN FRAZEL 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ()Delete Title: P (X)Change ()Addition

 Name:
 HENDRIX, COLLEEN
 Name:
 FRAZEL, MAUREEN

 Address:
 21 HOLLY LANE
 Address:
 12500 LAKE ROAD

 City-St-Zip:
 PLANTATION, FL 33317 US
 City-St-Zip:
 DAVIE, FL 33325 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 HENDRIX, TIMOTHY
 Name:
 PLECHAC, CAROLINE

 Address:
 21 HOLLY LANE
 Address:
 2510 THOMAS STREET

 City-St-Zip:
 PLANTATION, FL 33317 US
 City-St-Zip:
 HOLLYWOOD, FL 33020 US

 Name:
 SEARLE, LARRY
 Name:
 NEWETT, TAMI

 Address:
 14847 SW 34 ST
 Address:
 6100 SW 21 STREET

 City-St-Zip:
 DAVIE, FL 33331 US
 City-St-Zip:
 PLANTATION, FL 33317 US

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: TAMI NEWETT T 04/29/2009