

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 19 1996 8:00 am  
Secretary of State

DOCUMENT # N27698 (2)

1. Corporation Name

CORAL GABLES ORCHID SOCIETY, INC.

Principal Place of Business

P O BOX 56-0092  
MIAMI FL 33256-7092

Mailing Address

P O BOX 56-0092  
MIAMI FL 33256-7092

3. Date Incorporated or Qualified  
08/02/1988

3a. Date of Last Report  
10/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0047759

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, JR. WILLIAM  
1110 NE 91 ST  
MIAMI FL 33138

81 Name

Kathleen M. Lehecka

82

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

6537 SW 152 Place

83

84

City

Miami

FL

85

Zip Code

33193

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Kathleen M. Lehecka*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME KNAPP, ETHYLE  
STREET ADDRESS 7970 SOUTHWEST 122 ST.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME LUND, WALTER  
STREET ADDRESS 8005 SW 89TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME WEBB, WILLIAM C  
STREET ADDRESS 1110 NE 91ST ST  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE  
NAME COFFMAN, RICHARD III  
STREET ADDRESS 5355 SW 117 AVE  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE  
NAME TALER, MARY ANN  
STREET ADDRESS 17100 SW 87 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE  
NAME EVANS, LINDA  
STREET ADDRESS 7982 SW 186TH ST.  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D ☐ Change ☒ Addition  
1.2 NAME LEHECKA, KATHLEEN M.  
1.3 STREET ADDRESS 6537 SW 152 PLACE  
1.4 CITY-ST-ZIP MIAMI, FL 33193

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE T/D ☒ Change ☐ Addition  
3.2 NAME WEBB, WILLIAM C.  
3.3 STREET ADDRESS 1110 NE 91st STREET  
3.4 CITY-ST-ZIP Miami, FL 33138

4.1 TITLE V/D ☐ Change ☒ Addition  
4.2 NAME EBER, BETTY  
4.3 STREET ADDRESS 4975 SW 82nd STREET  
4.4 CITY-ST-ZIP MIAMI, FL 33143

5.1 TITLE V/D ☐ Change ☒ Addition  
5.2 NAME LANGFORD, GALE  
5.3 STREET ADDRESS 19521 WEST LAKE DRIVE  
5.4 CITY-ST-ZIP MIAMI, FL 33015

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/96 253-0489

CR2E037 (12/95)