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Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27698 (2)

1. Corporation Name

CORAL GABLES ORCHID SOCIETY, INC.



Principal Place of Business

Mailing Address

P O BOX 56-0092
MIAMI FL 33256-7092P O BOX 56-0092
MIAMI FL 33256-00923. Date Incorporated or Qualified
08/02/19883a. Date of Last Report
03/19/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHECKA, KATHLEEN M
6537 SW 152 PLACE
MIAMI FL 33193

81

Name

WALTER C. LUND SR.

82

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

8005 S.W. 89th St.

83

84

City

MIAMI

FL

85

Zip Code

33156

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

Signature, typed or printed name of registered agent and title if applicable.

WALTER C. LUND SR., Treasurer

JAN 8, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME LEHECKA, KATHLEEN M
STREET ADDRESS 6537 SW 152 PLACE
CITY-ST-ZIP MIAMI FL 33193☐ DELETETITLE D
NAME LUND, WALTER
STREET ADDRESS 8005 SW 89TH STREET
CITY-ST-ZIP MIAMI FL☐ DELETETITLE D
NAME WEBB, WILLIAM C
STREET ADDRESS 1110 NE 91ST ST
CITY-ST-ZIP MIAMI FL☐ DELETETITLE TD
NAME WEBB, WILLIAM C
STREET ADDRESS 1110 NE 91ST STREET
CITY-ST-ZIP MIAMI FL 33138☒ DELETETITLE VD
NAME EBER, BETTY
STREET ADDRESS 4975 SW 82ND STREET
CITY-ST-ZIP MIAMI FL 33143☐ DELETETITLE P
NAME EVANS, LINDA
STREET ADDRESS 7982 SW 186TH ST.
CITY-ST-ZIP MIAMI FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☒ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ AdditionPRE'S
GALE W. LANGFORD
19521 WEST LAKE DRIVE
MIAMI, FL. 33015

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

WALTER C. LUND SR., TREAS. 1/8/97 305-595-7919

Date

Daytime Phone # 0034053

CR2E037 (9/96)