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Secretary of State

02-27-1999 90014 010 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27698

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

124378-90014-10



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/02/1988

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

9. Name and Address of Current Registered Agent

LUND, WALTER C. SR.
8005 SW 89TH ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

81

Name LINDA EVANS

82

Street Address (P.O. Box Number is Not Acceptable)
7482 S.W. 186 St.

83

84

City Miami

FL

85

Zip Code 33157

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

Linda Evans
Signature (Typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

1/29/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	BUTTON, EDNA	
STREET ADDRESS	30975 SW 214TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LUND, WALTER	
STREET ADDRESS	8005 SW 89TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBB, WILLIAM C	
STREET ADDRESS	1110 NE 91ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGFORD, GALE W	
STREET ADDRESS	19521 WEST LAKE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EBER, BETTY	
STREET ADDRESS	4975 SW 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RUSSEL E CURTIS	
STREET ADDRESS	3410 TORREMOLINOS AVE	
CITY-ST-ZIP	MIAMI FL 33172	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T. EVANS, LINDA
2.3 STREET ADDRESS	7482 S.W. 186 St.
2.4 CITY-ST-ZIP	Miami, Fla 33157
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	P Herb Taylor
6.3 STREET ADDRESS	8400 S.W. 174 St.
6.4 CITY-ST-ZIP	Miami, Fla 33157

14. I 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, with all other like empowered.

SIGNATURE:

LINDA EVANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-
253-0489

CR2E037 (11/98)