

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000854

FILED
Jan 09, 2006
Secretary of State

Entity Name: SOUTH FLORIDA CACTUS AND SUCCULENT SOCIETY, INC.

Current Principal Place of Business:

4853 NW 113 PLACE
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

4853 NW 113 PLACE
DORAL, FL 33178 US

New Mailing Address:

FEI Number: 65-0396680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA FUENTE, ELIZABETH
4853 NW 113 PL
DORAL, FL 33178 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: TD () Delete
Name: LUCAS, JOHN
Address: 3812 SW 48 AVENUE
City-St-Zip: PEMBROKE PARK, FL 33023

Title: PD () Delete
Name: DE LA FUENTE, EMILIANO
Address: 4853 NW 13 PL
City-St-Zip: DORAL, FL 33178

Title: SD () Delete
Name: RIVERA, CATHI
Address: 13125 SW 112 AVE
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: MULTACH, PETER
Address: 4905 SW 105 TERRACE
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: LEFTIN, AVIGDOR
Address: 2110 NE 31 STREET
City-St-Zip: LIGHTHOUSE POINTE, FL 33064

Title: D () Delete
Name: DE LA FUENTE, ELIZABETH
Address: 4856 NW 113 PLACE
City-St-Zip: DORAL, FL 33178

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:

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 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: EMILIANO DE LA FUENTE

PRES

01/09/2006

Electronic Signature of Signing Officer or Director

Date