

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000854

FILED  
Apr 13, 2009  
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: 4080 ORANGE RIVER LOOP ROAD  
City-St-Zip: FT. MYERS, FL 33095

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

Title: SD ( ) Delete  
Name: COULTON, ELLEN  
Address: 5760 TWIN LAKE DRIVE  
City-St-Zip: SOUTH MIAMI, FL 33143

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

Title: D ( ) Delete  
Name: FERRE, CORINE  
Address: 1966 SE 23 TERRACE  
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Delete  
Name: EMERY, HARRIET  
Address: 6831 COOLIDGE STREET  
City-St-Zip: HOLLYWOOD, FL 33024

**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 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

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date