

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000854

FILED  
Mar 29, 2011  
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: D  
Name: RIVERA, CATHI  
Address: 13125 S. W. 112TH AVENUE  
City-St-Zip: MIAMI, FL 33176

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

Title: SD  
Name: MULTACH, PETER  
Address: 8263 NW 70 STREET  
City-St-Zip: TAMARAC, FL 33321

Title: TD  
Name: EMERY, HARRIET  
Address: 6831 COOLIDGE STREET  
City-St-Zip: HOLLYWOOD, FL 33024

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

I hereby 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 all other like empowered.

SIGNATURE: EMILIANO DE LA FUENTE

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03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date