

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001704 (6)

1. Corporation Name

BROWARD COUNTY PALM & CYCAD SOCIETY, INC.



Principal Place of Business

P.O. BOX 290173
DAVIE FL 33329

Mailing Address

P.O. BOX 290173
DAVIE FL 33329

3. Date Incorporated or Qualified
04/16/1993

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 3821 NE 24 AVE.

26 3821 NE 24 AVE

4. FEI Number
65-0402649

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 LIGHTHOUSE POINT, FL

28 LIGHTHOUSE POINT, FL

Zip Country

Zip Country

24 33074 25 USA

29 33074 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRAHL, JOHN T
999 PONCE DE LEON BLVD.
SUITE 1150
CORAL GABLES FL 33134

81 Name SANDY HALLER

82 Street Address (P.O. Box Number is Not Acceptable)
3821 NE 24 AVE.

83

84 City LIGHTHOUSE POINT FL 85 Zip Code 33074

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

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

(NOTE: Registered Agent signature required when reinstating)

3/6/96
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ZAMMAS, GEORGE
STREET ADDRESS P.O. BOX 290173 N/A
CITY-ST-ZIP DAVIE FL 33329

TITLE D ☐ DELETE
NAME SEARLE, JEFF
STREET ADDRESS P.O. BOX 290173 N/A
CITY-ST-ZIP DAVIE FL 33329

TITLE D ☐ DELETE
NAME HALLER, SANDY
STREET ADDRESS P.O. BOX 290173 N/A
CITY-ST-ZIP DAVIE FL 33329

TITLE D ☒ DELETE
NAME GIBSON, SUSAN
STREET ADDRESS P.O. BOX 290173 N/A
CITY-ST-ZIP DAVIE FL 33329

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT - "D" ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 610 SW 70 TERR.
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33023

3.1 TITLE VICE PRESIDENT "D" ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 3821 NE 24 AVE.
3.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33074

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 800001796248
4.4 CITY-ST-ZIP -04/26/96--01054--017
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5.1 TITLE TREASURER - "D" ☐ Change ☒ Addition
5.2 NAME DEAN LASHBROOK
5.3 STREET ADDRESS 4481 STIRLING ROAD
5.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33314

6.1 TITLE SECRETARY "D" ☐ Change ☒ Addition
6.2 NAME CHARLENE GRALL
6.3 STREET ADDRESS 2500 SW 13 ST.
6.4 CITY-ST-ZIP MIAMI, FL 33145

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

Date

Daytime Phone #

3/5/96

CR2E037 (12/95)

4/26/96