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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000001704 (6)**

1. Corporation Name

BROWARD COUNTY PALM & CYCAD SOCIETY, INC.

Principal Place of Business

**3821 NE 24 AVE.
LIGHTHOUSE POINT FL 33074**

Mailing Address

**3821 NE 24 AVE.
LIGHTHOUSE POINT FL 33084-8021**3. Date Incorporated or Qualified
04/16/19933a. Date of Last Report
04/26/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALLER, SANDY T
3821 NE 24 AVE
LIGHTHOUSE FL 33074****81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

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. Mortham*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LASHBROOK, DEAN	
STREET ADDRESS	4481 STIRLING RD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEARLE, JEFF	
STREET ADDRESS	610 SW 70 TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HALLER, SANDY	
STREET ADDRESS	3821 NE 24 AVE.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33074	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRALL, CHARLENE	
STREET ADDRESS	2500 SW 13 ST.3 N/A	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	John D. Gibson	
STREET ADDRESS	4416 Harrison St	
CITY-ST-ZIP	Hollywood FL 33021	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

<input checked="" type="checkbox"/> TITLE	PD	<input checked="" 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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John D. Gibson	
5.3 STREET ADDRESS	4416 Harrison St	
5.4 CITY-ST-ZIP	Hollywood, FL 33021	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97

Date

954-943-9140

Daytime Phone # 0022108

CR2E037 (9/96)