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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 APR -7 AM 10:48

DOCUMENT # N94000001620 (3)

1. Corporate Name
HELICONIA SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business
340 RIDGEWOOD ROAD
KEY BISCAYNE FL 33149

Mailing Address
340 RIDGEWOOD ROAD
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: New 3/28/94
4. FEI Number: 65-0482303 (Applied For / Not Applicable)

2. Principal Place of Business
21: 10901 Old Cutler Rd.
22 Suite, Apt. #, etc: Fairchild Tropical Gdn
23 City & State: Miami, FL
24 Zip: 33156 25 Country: USA

2a. Mailing Address
26: 9350 S.W. 24th ST
27 Suite, Apt. #, etc: N/A
28 City & State: Miami, FL
29 Zip: 33165 30 Country: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ROCKWELL, NICHOLAS
340 RIDGEWOOD ROAD
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent
81 Name: Amy Donovan
82 Street Address (P.O. Box Number is Not Acceptable): 9350 S.W. 24th ST
83:
84 City: Miami FL 85 Zip Code: 33165

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Amy Donovan, Sec.-Treas. Amy Donovan 1/16/95
Signature of new registered agent (if changing) — Name of new registered agent (typed or printed) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	President (D) ☒ Change ☐ Addition
12 NAME	ROCKWELL, NICHOLAS	12 NAME	Sim Donovan
13 STREET ADDRESS	340 RIDGEWOOD RD.	13 STREET ADDRESS	9350 SW 24th St
14 CITY ST ZIP	KEY BISCAYNE FL 33149	14 CITY ST ZIP	Miami, FL 33165
21 TITLE	D	21 TITLE	Secretary - Treasurer (D) ☐ Change ☐ Addition
22 NAME	DONOVAN, AMY	22 NAME	Amy Donovan
23 STREET ADDRESS	9350 S.W. 24TH ST.	23 STREET ADDRESS	9350 S.W. 24th ST.
24 CITY ST ZIP	MIAMI FL 33165	24 CITY ST ZIP	Miami, FL 33165
31 TITLE	D	31 TITLE	Vice Presidents (D) ☒ Change ☐ Addition
32 NAME	BERRY, FRED H	32 NAME	Daniel Wood
33 STREET ADDRESS	6450 S.W. 81ST ST.	33 STREET ADDRESS	14330 SW 157th ST
34 CITY ST ZIP	SOUTH MIAMI FL 33143	34 CITY ST ZIP	Miami, FL 33186
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(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 a director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed or added to the report with an address.

SIGNATURE: Amy Donovan
Amy Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

1/16/95 (305) 221-3251
Date — Daytime Telephone Number