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May 04, 1999 8:00 am
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05-04-1999 90092 004 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006322

1. Corporation Name

THE PINK FLAMINGO ORCHID SOCIETY, INC.

Principal Place of Business

3750 FLAMINGO ROAD
DAVIE FL 33330

Mailing Address

3750 FLAMINGO ROAD
DAVIE FL 33330



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/11/1996

4. FEI Number

65-0766812

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

9. Name and Address of Current Registered Agent

HAYS, RICHARD J
7200 W. COMMERCIAL BLVD.
SUITE 207
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE T ☐ DELETE

NAME BAXTER, ALAN
STREET ADDRESS 17809 N.W. 15TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE T ☒ DELETE

NAME CHEAH, ANDY
STREET ADDRESS 3251 OLD HICKORY COURT
CITY-ST-ZIP DAVIE FL 33328

TITLE S ☐ DELETE

NAME TROBRIDGE, LINDA
STREET ADDRESS 14691 SW 21 ST
CITY-ST-ZIP DAVIE FL 33325

TITLE T ☐ DELETE

NAME ROGERS, ALTON
STREET ADDRESS 17900 SW 68 CT
CITY-ST-ZIP FT LAUDERDALE FL

TITLE T ☐ DELETE

NAME KLEIN, ANN
STREET ADDRESS 1601 SW 29TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE T ☒ DELETE

NAME HUFFORD, ROSEMARIE
STREET ADDRESS 1604 SW 29TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME WISE, ALEKSA
1.3 STREET ADDRESS 2840 N.W. 106 DRIVE
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065
NO CHANGE

2.1 TITLE VICE-PRESIDENT ☒ Change ☒ Addition

2.2 NAME NICHOLAS MANIATIS
2.3 STREET ADDRESS 2061 S.W. 136 AVE
2.4 CITY-ST-ZIP DAVIE, FL 33325-5118

3.1 TITLE TREASURER ☒ Change ☒ Addition

3.2 NAME HOPE, NERIRO
3.3 STREET ADDRESS 312 WINDHILL PALM DRIVE
3.4 CITY-ST-ZIP PLANTATION, FL 33324

4.1 TITLE TRUSTEE ☒ Change ☐ Addition

4.2 NAME JOSEPH PHILLIPS
4.3 STREET ADDRESS 2061 SW 136 AVENUE
4.4 CITY-ST-ZIP DAVIE, FL 33325

5.1 TITLE TRUSTEE ☒ Change ☐ Addition

5.2 NAME CHARLES TROWBRIDGE
5.3 STREET ADDRESS 14691 SW 21 ST.
5.4 CITY-ST-ZIP DAVIE, FL 33325

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED ALEKSA WISE

4/23/1999 (954) 753-2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)