

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700443

Entity Name: SOUTH FLORIDA ORCHID SOCIETY INC**Current Principal Place of Business:**7100 SW 71 CT
MIAMI, FL 33143**Current Mailing Address:**7100 S.W. 71 COURT
MIAMI, FL 33143 US**FEI Number:** 59-0597590**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENNETT, DOROTHY P
7100 S.W. 71 COURT
MIAMI, FL 33143 US*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**Officer/Director Detail :**

Title	T
Name	BENNETT, DOROTHY P
Address	7100 S W 71 COURT
City-State-Zip:	MIAMI FL 33143

Title	D
Name	COLLINS, CHRISTA
Address	18820 BELVIEW DR
City-State-Zip:	MIAMI FL 33157

Title	D
Name	HERNANDEZ, ARGEO
Address	3320 NW 16 TER
City-State-Zip:	MIAMI FL 33125

Title	S
Name	ROSENBERG, JULIE
Address	8955 SW 21 TER
City-State-Zip:	MIAMI FL 33165

Title	D
Name	CHRISTENSEN, DANIEL K
Address	18700 SW 69 ST
City-State-Zip:	FT LAUDERDALE FL 33332

Title	D
Name	HUNT, RON
Address	8955 SW 21 TER
City-State-Zip:	MIAMI FL 33165

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: DOROTHY BENNETT**TREASURER****04/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date