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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 701240 (4)
1. Corporation Name

BREVARD COUNTY ORCHID SOCIETY, INC.



Principal Place of Business: 302 HIAWATHA WAY, MELBOURNE BEACH FL 32951
Mailing Address: P. O. BOX 2312, MELBOURNE FL 32902-2312

3. Date Incorporated or Qualified: 07/25/1960
3a. Date of Last Report: 02/23/1996
4. FEI Number: 59-2381497
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

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30
21: Suite, Apt. #, etc
22: City & State
23: Zip
24: Country
25: Country
26: Suite, Apt. #, etc
27: City & State
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOCK, HELEN
302 HIAWATHA WAY
MELBOURNE BEACH FL 32951

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	P	<input type="checkbox"/> DELETE
NAME	BLOCH, VERN	
STREET ADDRESS	302 HIAWATHA WAY	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRYSON, JOE	
STREET ADDRESS	290 CHERRY DR.	
CITY - ST - ZIP	SATILLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAMBLETT, BOB	
STREET ADDRESS	471 EAST RIVIERA BLVD.	
CITY - ST - ZIP	MELBOURNE FL 32903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENT, MILDRED	
STREET ADDRESS	285 ALLAN LANE S	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MEYERS, PETER	
STREET ADDRESS	3455 SPRINGBRANCH TRAIL #146	
CITY - ST - ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STELLE, MARSHALL	
STREET ADDRESS	3251 LESTER AVE.	
CITY - ST - ZIP	MIMS FL 32754	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	
3.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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: Vernon C. ... FEB 21 1997 407 951-6765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)