

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90057 005 ****70.00

DOCUMENT # 701240

1. Entity Name
BREVARD COUNTY ORCHID SOCIETY, INC.



Principal Place of Business
**4909 ROSEWOOD LANE
MELBOURNE, FL 32940**

Mailing Address
**4909 ROSEWOOD LANE
MELBOURNE, FL 32940 US**

40001722



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2381497

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBER, FRANCES C
4909 ROSEWOOD LANE
MELBOURNE, FL 32940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KEPF, JULIE**
CITY-ST-ZIP **405 SANDERLING DR
INDIALANTIC, FL 32903**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BRYSON, JOE**
CITY-ST-ZIP **290 CHERRY ST
SATELLITE BEACH, FL 32937**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WEBER, FRANCES**
CITY-ST-ZIP **4909 ROSEWOOD LANE
MELBOURNE, FL 32940**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **SALAZAR, TAMI**
CITY-ST-ZIP **1267 JADE LANE
PALM BAY, FL 32907**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SPIESS, SIMONE**
CITY-ST-ZIP **6177 N TROPICAL TRAIL
MERRITT ISLAND, FL 329537214**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAMB, HELGA**
CITY-ST-ZIP **11590 POINT DRIVE
S MERRITT ISLAND, FL 32952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **KEPF, JULIE**
CITY-ST-ZIP **405 SANDERLING DR
INDIALANTIC FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **GRAHAM, APRIL**
CITY-ST-ZIP **2164 ALLEN ADALE RD
MELBOURNE, FL 32935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frances Weber
Frances Weber

01/04/2007 (321) 255-2271
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR