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Jul 01 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 # 701688 (4)

1. Corporation Name

CENTRAL FLORIDA ORCHID SOCIETY INC

Principal Place of Business

Mailing Address

POST OFFICE BOX 3105
ORLANDO FL 32802-3105

POST OFFICE BOX 3105
ORLANDO FL 32802-3105



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/18/1960

3a. Date of Last Report

05/01/1996

4. FEI Number

59-6151072

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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

Wayne T. McGonigal

PRESIDENT

Wayne T. McGonigal

6/25/97

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 ☐ DELETE

NAME
MCGONIGAL, WAYNE
STREET ADDRESS
10173 MASON DIXIE CIRCLE
CITY-ST-ZIP
ORLANDO FL

TITLE ☒ DELETE

NAME
SARLES, DON
STREET ADDRESS
875 LOOKOUT LANE
CITY-ST-ZIP
OSTEEN FL

TITLE ☐ DELETE

NAME
EATON, SUZANNE
STREET ADDRESS
5849 MARBLE COURT
CITY-ST-ZIP
WINTER PARK FL

TITLE ☐ DELETE

NAME
SUPPLEE, AL
STREET ADDRESS
807 HARDWICK AVENUE
CITY-ST-ZIP
ORLANDO FL

TITLE ☒ DELETE

NAME
GILLILAND, ED
STREET ADDRESS
48 INTERLAKEN ROAD
CITY-ST-ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
SARLES, WANDA
STREET ADDRESS
875 LOOKOUT LANE
CITY-ST-ZIP
OSTEEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
CAPITANO, ANTHONY
2.3 STREET ADDRESS
851 EAST VOTAW RD.
2.4 CITY-ST-ZIP
APOPKA, FL 32712

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
D STEELE, JERRY
5.3 STREET ADDRESS
6146 RANIER DR.
5.4 CITY-ST-ZIP
ORLANDO, FL 32810

6.1 TITLE ☐ Change ☐ 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.

CR2E037 (9/96)