

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704918 (2)

1. Corporation Name
JACKSONVILLE ORCHID SOCIETY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1261 ALDERMAN RD. E JACKSONVILLE FL 32211	Mailing Address 1261 ALDERMAN RD. E JACKSONVILLE FL 32211
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/11/1962	3a. Date of Last Report 03/22/1994
4. FEI Number 59-2138734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FANT, WAVERLY F
1261 ALDERMAN RD, E
JACKSONVILLE, FL
32211**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	HEMINGER, STEVE
STREET ADDRESS	1764 ST IVES DR
CITY-ST-ZIP	MIDDLEBURG FL
TITLE	D
NAME	MANN, WILLIAM
STREET ADDRESS	4627 BADEN LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32200
TITLE	D
NAME	SCHUDEL, GEORGE
STREET ADDRESS	201 N LEE DRIVE
CITY-ST-ZIP	MIDDLEBURG FL
TITLE	V
NAME	HALL, KEITH
STREET ADDRESS	1702 MANDARIN ESTATE RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	HEMINGER, CAROL
STREET ADDRESS	1764 ST IVES DR
CITY-ST-ZIP	MIDDLEBURG FL
TITLE	S
NAME	KING, NINA
STREET ADDRESS	1499 0001 PAULK LANE
CITY-ST-ZIP	JACKSONVILLE FL

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	D
2.3 STREET ADDRESS	Charley Strayer
2.4 CITY-ST-ZIP	1744 Oak Grove Circle
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Green Cove Springs, FL 32043
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	S
6.3 STREET ADDRESS	Carol Strayer
6.4 CITY-ST-ZIP	1744 Oak Grove Circle
	Green Cove Springs, FL 32043

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Alton Mote* **Alton Mote** Treasurer **3/27/95** **904-751-3324**