

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **704918** (2)
1. Corporation Name
JACKSONVILLE ORCHID SOCIETY



Principal Place of Business: **1261 ALDERMAN RD. E JACKSONVILLE FL 32211**
Mailing Address: **1261 ALDERMAN RD. E JACKSONVILLE FL 32211**

3. Date Incorporated or Qualified: **12/11/1962**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-2138734**
Applied For: Not Applicable
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
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
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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
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when existing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HEMINGER, STEVE	
STREET ADDRESS	1764 ST IVES DR	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRAYER, CHARLEY	
STREET ADDRESS	1744 OAK GROVE CIRCLE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUDEL, GEORGE	
STREET ADDRESS	201 N LEE DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HALL, KEITH	
STREET ADDRESS	1702 MANDARIN ESTATE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEMINGER, CAROL	
STREET ADDRESS	1764 ST IVES DR	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STRAYER, CAROL	
STREET ADDRESS	1744 OAK GROVE CIRCLE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bill Mann	
13 STREET ADDRESS	4627 Baden Road	
14 CITY-ST-ZIP	Jacksonville, FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Gene Barber	
43 STREET ADDRESS	P.O. Box 523	
44 CITY-ST-ZIP	McClenny, FL 32063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Rebecca Conti	
53 STREET ADDRESS	10878 Creek View Drive	
54 CITY-ST-ZIP	Jacksonville, FL 32225	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 119.07(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: *Bill Mann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)