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FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32211-6218
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3. Date Incorporated or Qualified 12/11/1962	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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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
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 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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANN, BILL		1.2 NAME	
STREET ADDRESS 4627 BADEN ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRAYER, CHARLEY		2.2 NAME	
STREET ADDRESS 1744 OAK GROVE CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP GREEN COVE SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUDEL, GEORGE		3.2 NAME	Steve Heminger
STREET ADDRESS 201 N LEE DRIVE		3.3 STREET ADDRESS	1769 St. Ives Dr.
CITY-ST-ZIP MIDDLEBURG FL		3.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBER, GENE	<i>Correction</i>	4.2 NAME	Barber, GENE
STREET ADDRESS P.O. BOX 523		4.3 STREET ADDRESS	Highway 2265 + BARBER ROAD
CITY-ST-ZIP MCCLENNY FL		4.4 CITY-ST-ZIP	MCCLENNY FL 32063
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONTI, REBECCA		5.2 NAME	
STREET ADDRESS 10878 CREEK VIEW DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRAYER, CAROL		6.2 NAME	Santha Markham
STREET ADDRESS 1744 OAK GROVE CIRCLE		6.3 STREET ADDRESS	12980 Biggin Church Rd. S
CITY-ST-ZIP GREEN COVE SPRINGS FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32224

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 in an attachment with an address.

SIGNATURE: *[Signature]* 1-17-97 904-879-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 4000803

CFR2E037 (9/96)