


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

3. Date Incorporated or Qualified
12/11/1962
4. FEI Number 59-2138734
Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MANN, BILL	
STREET ADDRESS	4627 BADEN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRAYER, CHARLEY	
STREET ADDRESS	1744 OAK GROVE CIRCLE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEMINGER, STEVE	
STREET ADDRESS	1764 ST IVES DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, GENE	
STREET ADDRESS	HIGHWAY 2265 & BARBER ROAD	
CITY-ST-ZIP	MCCLENNY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONTI, REBECCA	
STREET ADDRESS	10878 CREEK VIEW DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARKHAM, MARTHA	
STREET ADDRESS	12980 BIGGIN CHURCH ROAD SO	
CITY-ST-ZIP	JACKSONVILLE FL	

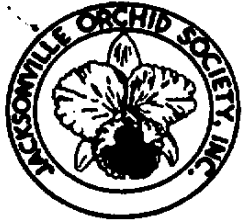
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barber, Gene	
1.3 STREET ADDRESS	Highway 2265 & Barber Rd.	
1.4 CITY-ST-ZIP	Macclenny, FL 32063	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cavin, Edward	
2.3 STREET ADDRESS	1400 Avondale Ave.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32205	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Guthrie, William	
3.3 STREET ADDRESS	13147 Ft. Caroline Rd.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32225	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Heinz, Kaycee	
4.3 STREET ADDRESS	Noah Davis Dr.	
4.4 CITY-ST-ZIP	Glen St. Mary, FL 32040	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dellinger, Sue	
5.3 STREET ADDRESS	920 Birdwood Dr.	
5.4 CITY-ST-ZIP	Orange Park, FL 32073	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kelson, Mary Pat	
6.3 STREET ADDRESS	2001 Hodges Blvd. #808	
6.4 CITY-ST-ZIP	Jacksonville, FL 32224	

14. I 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.

SIGNATURE: Cheryl Sue Dellinger 18 Feb 98 1-904-269-1800

CR2E037 (10/97)



Jacksonville Orchid Society

Organized in 1943

18 February 98

Our Third Director is Rebecca Conti
10878 Creek View Drive
Jacksonville, FL
32225

as listed in Block 12