


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90164 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 704918</b> 1. Corporation Name <b>JACKSONVILLE ORCHID SOCIETY</b>		
Principal Place of Business 1261 ALDERMAN RD. E JACKSONVILLE FL 32211	Mailing Address 1261 ALDERMAN RD. E JACKSONVILLE FL 32211	

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 370149-90316-24



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/11/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2138734
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBER, GENE		1.2 NAME Heinz, Kaycee	
STREET ADDRESS HIGHWAY 2285 & BARBER ROAD		1.3 STREET ADDRESS Noah Davis Rd., Rt. 1, Box 3930	
CITY-ST-ZIP MACLENNY FL 32063		1.4 CITY-ST-ZIP Glen St. Mary, FL 32040	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAVIN, EDWARD		2.2 NAME	
STREET ADDRESS 1400 AVONDALE AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTHRIE, WILLIAM		3.2 NAME Wardell, Patti	
STREET ADDRESS 13147 FT. CAROLINE ROAD		3.3 STREET ADDRESS 8672 Bishopswood Rd.	
CITY-ST-ZIP JACKSONVILLE FL 32225		3.4 CITY-ST-ZIP Jacksonville, FL 32244	
TITLE VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEINZ, KAYCEE		4.2 NAME King, Nina C.	
STREET ADDRESS NOAH DAVIS DRIVE		4.3 STREET ADDRESS 1433-0001 Paulk Lane	
CITY-ST-ZIP GLEN ST. MARY FL 32040		4.4 CITY-ST-ZIP Jacksonville, FL 32220	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELLINGER, SUE		5.2 NAME Cheryl M. Dellinger	
STREET ADDRESS 920 BIRDWOOD DRIVE		5.3 STREET ADDRESS 920 Birdwood Dr.	
CITY-ST-ZIP ORANGE PARK FL 32073		5.4 CITY-ST-ZIP Orange Park, FL 32073	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELSON, MARY PAT		6.2 NAME	
STREET ADDRESS 2000 HODGES BLVD. #808		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32224		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Cheryl M. Dellinger* **SIGNATURE REQUIRED** *Cheryl M. Dellinger 6 Feb 99 (904) 269-1860*  
 Signature and typed or printed name of signing officer or director  
*Cheryl Sue M. Dellinger* *Cheryl Sue M. Dellinger*  
*Dellinger*

CR2E037 (1/98)