


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90042 044 ****61.25

| | | | |
|--|---|---|--|
| DOCUMENT # 704918 | |  | |
| 1. Entity Name JACKSONVILLE ORCHID SOCIETY | | | |
| Principal Place of Business 1261 ALDERMAN RD, E JACKSONVILLE, FL 32211 | | Mailing Address 1261 ALDERMAN RD, E JACKSONVILLE, FL 32211 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FANT, WAVERLY F 1261 ALDERMAN RD, E JACKSONVILLE, FL 32211 | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | VP | TITLE | |
| NAME | SCHUDEL, GEORGE <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | 201 LEE DR N | STREET ADDRESS | |
| CITY-ST-ZIP | MIDDLEBURG, FL 32068 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | |
| NAME | ZARABEDIAN, JOHN | NAME | |
| STREET ADDRESS | 2566 WINFIELD LANE | STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE PARK, FL 32050 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, JUDITH | NAME | FERGUSON, Judith Garcia |
| STREET ADDRESS | 24032 NW 63RD AVE | STREET ADDRESS | 24032 N.W. 63rd Ave |
| CITY-ST-ZIP | LAWTEY, FL 320589402 | CITY-ST-ZIP | LAWTEY, FL 320589402 |
| TITLE | P <input type="checkbox"/> Delete | TITLE | |
| NAME | HALL, KEITH | NAME | |
| STREET ADDRESS | 1702 MANDARIN ESTATES ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DELLINGER, CHERYL M | NAME | AITON MOTE |
| STREET ADDRESS | 920 BIRDWOOD DRIVE | STREET ADDRESS | 1102 OSSA CT. |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 | CITY-ST-ZIP | JACKSONVILLE, FL 32226-1123 |
| TITLE | S <input type="checkbox"/> Delete | TITLE | |
| NAME | SIMMS, ROBERTA | NAME | |
| STREET ADDRESS | 4220 LONGFELLOW ST | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | CITY-ST-ZIP | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Aiton Mote</i> | | Aiton MOTE | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | 1-16-04 904-7513324 | |
| | | Daytime Phone # | |