
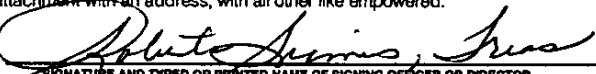


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90023 012 ****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 | | 4. FEI Number 59-2138734 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 | | |
| | | | State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHUDEL, GEORGE | | NAME | JAN RAGAN | |
| STREET ADDRESS | 201 LEE DR N | | STREET ADDRESS | 126 WILD ORCHID LANE | |
| CITY-ST-ZIP | MIDDLEBURG, FL 32068 | | CITY-ST-ZIP | ORANGE PARK, FL 32073 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZARABEDIAN, JOHN | | NAME | | |
| STREET ADDRESS | 2566 WINFIELD LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE PARK, FL 32050 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERGUSON, JUDITH G | | NAME | BRIAN ESTERAK | |
| STREET ADDRESS | 24032 NW 63RD AVE | | STREET ADDRESS | 5020 TAYLOR CREEK DR. | |
| CITY-ST-ZIP | LAWTEY, FL 320589402 | | CITY-ST-ZIP | JACKSONVILLE, FL 32258 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALL, KEITH | | NAME | SCHUDEL, GEORGE | |
| STREET ADDRESS | 1702 MANDARIN ESTATES ROAD | | STREET ADDRESS | 201 LEE DRIVE, N | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | CITY-ST-ZIP | MIDDLEBURG, FL 32068 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AITON, MOTE | | NAME | ROBERTA SIMMS | |
| STREET ADDRESS | 1102 OSSA CT | | STREET ADDRESS | 4220 LONGFELLOW ST. 2865 Mayport Rd #3 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 322261123 | | CITY-ST-ZIP | JACKSONVILLE, FL 32210 Atlantic Beach, FL 32235 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMMS, ROBERTA | | NAME | FRANCES KIRBY | |
| STREET ADDRESS | 4220 LONGFELLOW ST | | STREET ADDRESS | 5629 HOLLYBELL DR. #3 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | | CITY-ST-ZIP | JACKSONVILLE, FL 32277 | |
| 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:  | | | Date: 2/16/05 Daytime Phone #: 635-2251 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |