

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704918

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** JACKSONVILLE ORCHID SOCIETY

**Current Principal Place of Business:**

3611 RICHMOND ST  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

3611 RICHMOND ST  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 59-2138734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAVIN, MARGARET  
3611 RICHMOND ST  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAVIN, ERIC  
Address: 3611 RICHMOND ST.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP  
Name: MYERS, BONNIE  
Address: 2838 EVERHOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP  
Name: VAN BROCKLIN, JOHN  
Address: 5211 GREENWAY DRIVE N.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S  
Name: HONKAMP, BJ  
Address: 6612 LUCENTE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T  
Name: SCHENHOLM, LINDA  
Address: 10519 BIGTREE CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D  
Name: JAMES, ARNOLD  
Address: 1851 BURKHOLDER LN.  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIC P. CAVIN

P

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date