FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:03

DOCUMENT # 713878 (7)

1. Corporation Name
MARTIN COUNTY ORCHID SOCIETY, INC.

Principal Place of Business	Mailing Address
P. O. BOX 953211 STUART FL 34995-0953 3211	P. O. BOX 953211 STUART FL 34995-0953 3211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1967	3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-1206749	☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 34995-3211 / Country 30

9. Name and Address of Current Registered Agent

KENNEY, KEVIN
440 E. OSCEOLA ST.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: JANINE REINER
82 Street Address (P.O. Box Number is Not Acceptable): 934 N.W. PINELAKE DR.
83
84 City: STUART FL 85 Zip Code: 34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Janine Reiner TREASURER 3/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, DOUG	1.2 NAME	
STREET ADDRESS	2424 SW 13 PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	CHARDAVOYNE, SEWARD	2.2 NAME	
STREET ADDRESS	22 FIELDWAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	DIRECTOR
TITLE	D	3.1 TITLE	ROBERT VALLIANT ☒ Change ☐ Addition
NAME	~~GONZELLA, FRAN~~	3.2 NAME	
STREET ADDRESS	~~1285 SW ALLIGATOR ST.~~	3.3 STREET ADDRESS	3514 S.W. CANOE PLACE
CITY-ST-ZIP	~~PALM CITY FL~~	3.4 CITY-ST-ZIP	PALM CITY FLORIDA 34990
TITLE	TD	4.1 TITLE	TREASURER ☒ Change ☐ Addition
NAME	~~KENNEY, KEVIN~~	4.2 NAME	JANINE REINER
STREET ADDRESS	~~440 E. OSCEOLA ST.~~	4.3 STREET ADDRESS	934 N. W. PINELAKE DR
CITY-ST-ZIP	~~STUART FL~~	4.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	ZORN, FRANK	5.2 NAME	
STREET ADDRESS	805 E. MADISON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SLOAN, HELEN	6.2 NAME	
STREET ADDRESS	5604 SE WINDSONG LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Janine Reiner 2/13/95 407-692-9424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JANINE REINER

607B818