

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713878

FILED  
Jun 08, 2005  
Secretary of State

Entity Name: MARTIN COUNTY ORCHID SOCIETY, INC.

## Current Principal Place of Business:

P. O. BOX 953211  
STUART, FL 349953211 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 953211  
STUART, FL 349953211 US

## New Mailing Address:

1407 SW PENINSULA LANE  
PALM CITY, FL 34990 US

FEI Number: 59-1206749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MCGOOGAN, JAMES R  
765 SW WISPER BAY DR  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

OWENBY, LORI  
1407 SW PENINSULA LANE  
PALM CITY, FL 34990 US

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: LORI OWENBY

06/08/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: OWENBY, LORI  
Address: 1407 SW PENINSULA LANE  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: MCGOOGAN, JAMES R  
Address: 765 SW WISPER BAY DR  
City-St-Zip: PALM CITY, FL

Title: P ( ) Delete  
Name: DAVIS, KENT  
Address: 1399 SW WILDCAT TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: SD ( ) Delete  
Name: HENSLER, NANCY  
Address: 9486 KARIN ST.  
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD ( ) Delete  
Name: WELAND, JOHN  
Address: 3418 SW COCO PALM DRIVE  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: OWENBY, ROY  
Address: 1407 SW PENINSULA LANE  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LORI OWENBY

T

06/08/2005

Electronic Signature of Signing Officer or Director

Date