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3-15-95 A-2181-C

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAR 15 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724779 (4)

1. Corporation Name

DAYTONA BEACH ORCHID SOCIETY INC

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/1972	3a. Date of Last Report 03/10/1994
4. FEI Number 23-7256690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
112 SYLVANIA PL. P.O. BOX 6222 STA. A DAYTONA BEACH FL 32122-6222		112 SYLVANIA PL. P.O. BOX 6222 STA. A DAYTONA BEACH FL 32122-6222	
2. Principal Place of Business	2a. Mailing Address		
21	SAME		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		P.O. Box 32125-0194	
City & State		City & State	
23		Holly Hill	
Zip	Country	Zip	Country
24	25	29	30
		32125	VALUSIA

9. Name and Address of Current Registered Agent

HARRISON, S MAXINE
112 SYLVANIA PLACE
ORMOND BCH. FL 32074

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BARBARA	1.2 NAME	P. ROY PEARSON
STREET ADDRESS	1091 LANDERS ST	1.3 STREET ADDRESS	75 LINCOLN AVE
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	ORMOND BEACH 32174-5617 FLA
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, SUZIE B	2.2 NAME	CAROL PEARSON
STREET ADDRESS	1725 OCEAN DR	2.3 STREET ADDRESS	75 LINCOLN AVE
CITY-ST-ZIP	DAYTONA BCH. FL	2.4 CITY-ST-ZIP	ORMOND BEACH 32174-5617 FLA
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLION, DARLINE	3.2 NAME	S. P. PLIMPTON
STREET ADDRESS	200 WOODLAND	3.3 STREET ADDRESS	186 S. NEWTON RD
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	PORT OR ORMOND BEACH 32174
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWALSKI, MARY	4.2 NAME	SAME
STREET ADDRESS	1219 DAVID DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLIMPTON, SUSAN W	5.2 NAME	VP. PLIMPTON SUSAN
STREET ADDRESS	188 S NEWTON RD	5.3 STREET ADDRESS	186 S. BEACH ST.
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	ORMOND BEACH 32174-6487
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JIM	6.2 NAME	
STREET ADDRESS	112 SYLVANIA PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH 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 110.07(3)(k), 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: Mary T. Kowalski 3/9/95 904-252-2023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY T. KOWALSKI T. Title Daytime Phone #