

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 724779 (4)
1. Corporation Name
DAYTONA BEACH ORCHID SOCIETY INC



Principal Place of Business: **112 SYLVANIA PL. P.O. BOX 6222 STA. A DAYTONA BEACH FL 32122-6222**
Mailing Address: **P. O. BOX 32125-0194 HOLLYHILL FL 32125 US**

3. Date Incorporated or Qualified: **11/13/1972**
3a. Date of Last Report: **03/15/1995**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number 23-7256690	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	P	1.1 TITLE	P
NAME	PEARSON, ROY	1.2 NAME	PLIMPTON, SUSIE
STREET ADDRESS	75 LINCOLN AVE	1.3 STREET ADDRESS	186 S. BEACH ST
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174-6437
TITLE	VPD	2.1 TITLE	
NAME	PEARSON, CAROLE	2.2 NAME	
STREET ADDRESS	75 LINCOLN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	PLIMPTON, T. P.	3.2 NAME	LOOMIS-HENKE, BARBARA
STREET ADDRESS	186 S. BEACH ST.	3.3 STREET ADDRESS	2920 FOXCROFT LN
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	SOUTH DAYTONA FL 32119-3257
TITLE	T	4.1 TITLE	T
NAME	KOWALSKI, MARY	4.2 NAME	HARRINGTON, JOHN
STREET ADDRESS	1219 DAVID DRIVE	4.3 STREET ADDRESS	715 AVONDALE AVE
CITY-ST-ZIP	HOLLY HILL FL	4.4 CITY-ST-ZIP	HOLLY HILL, FL 32117-3607
TITLE	VP	5.1 TITLE	VP
NAME	PLIMPTON, SUSAN	5.2 NAME	KRANZ, MARGARET
STREET ADDRESS	186 S. BEACH ST.	5.3 STREET ADDRESS	1419 N. BEACH ST
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174-3401
TITLE	D	6.1 TITLE	D
NAME	HARRISON, JIM	6.2 NAME	ISAAC, JOHN
STREET ADDRESS	112 SYLVANIA PL	6.3 STREET ADDRESS	15 PALM DR
CITY-ST-ZIP	ORMOND BCH FL	6.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176-

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)(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: John C. Harrington *John C. Harrington* **4/20/96** **904 673 7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)