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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/13/1972	3a. Date of Last Report 04/24/1996
4. FEI Number 23-7256690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> NO	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> NO	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 John C. Harrington
82 Street Address (P.O. Box Number is Not Acceptable) 715 Avondale Ave.
83
84 City Holly Hill, FL
85 Zip Code 32117

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: *John C. Harrington* **Treasurer** **2/23/97**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	PLIMPTON, SUSIE
STREET ADDRESS	186 S. BEACH STREET
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	PEARSON, CAROLE
STREET ADDRESS	75 LINCOLN AVE
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	LOOMIS-HEINKE, BARBARA
STREET ADDRESS	2920 FOXCROFT LANE
CITY-ST-ZIP	SOUTH DAYTONA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HARRINGTON, JOHN
STREET ADDRESS	715 AVONDALE AVENUE
CITY-ST-ZIP	HOLLY HILL FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	KRANZ, MARGARET
STREET ADDRESS	1419 N. BEACH STREET
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ISAAC, JOHN
STREET ADDRESS	15 PALM DRIVE
CITY-ST-ZIP	ORMOND BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Irene Godlewski
1.3 STREET ADDRESS	610 N. Ridgewood Ave.
1.4 CITY-ST-ZIP	Ormond Beach, FL. 32174
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Newman
2.3 STREET ADDRESS	87 Bosarvey Dr.
2.4 CITY-ST-ZIP	Ormond Beach, FL. 32176
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *John C. Harrington* **John C. Harrington, Treasurer** **2/23/97** **904-673-7800**

CR2E037 (9/96)