

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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 <b>112 SYLVANIA PL. P.O. BOX 6222 STA. A DAYTONA BEACH FL 32122-6222</b>	Mailing Address <b>P. O. BOX 32125-0194 HOLLYHILL FL 32125 US</b>
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3. Date Incorporated or Qualified <b>11/13/1972</b>
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4. FEI Number <b>23-7256690</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21 SICA HALL</b> Suite, Apt. #, etc. <b>22 1065 DAYTONA AVE</b> City & State <b>23 HOLLY HILL, FL</b> Zip <b>24 32117</b> Country <b>25 US</b>	2a. Mailing Address <b>26 PO BOX 250194</b> Suite, Apt. #, etc. <b>27 HOLLY HILL, FL</b> City & State <b>28 HOLLY HILL, FL</b> Zip <b>29 32125-0194</b> Country <b>30 US</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>HARRINGTON, JOHN G 715 AVONDALE AVE HOLLY HILL FL 32117</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PLUMPTON, SUSIE</b>	1.2 NAME	<b>NEWMAN, JAMES</b>
STREET ADDRESS	<b>186 S. BEACH STREET</b>	1.3 STREET ADDRESS	<b>87 BOSARVEY DR</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	1.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32176-6508</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>vp D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEARSON, CAROLE</b>	2.2 NAME	<b>KEBODEAUX, VERNON</b>
STREET ADDRESS	<b>75 LINCOLN AVE</b>	2.3 STREET ADDRESS	<b>326 COTTRILL AVE</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	2.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32114-2606</b>
NAME	<b>LOOMIS-HEINKE, BARBARA</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Loomis, BARBARA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2920 FOXCROFT LANE</b>	3.2 NAME	
CITY-ST-ZIP	<b>SOUTH DAYTONA FL</b>	3.3 STREET ADDRESS	<b>32119-3257</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRINGTON, JOHN</b>	4.2 NAME	<b>PEARSON, ROYDEN</b>
STREET ADDRESS	<b>715 AVONDALE AVENUE</b>	4.3 STREET ADDRESS	<b>75 LINCOLN AVE</b>
CITY-ST-ZIP	<b>HOLLY HILL FL</b>	4.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174-6617</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>vp D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KRANZ, MARGARET</b>	5.2 NAME	<b>COWFER, LUCIENNE</b>
STREET ADDRESS	<b>1419 N. BEACH STREET</b>	5.3 STREET ADDRESS	<b>120 W. LAKESIDE DR</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	5.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32124-6623</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ISAAC, JOHN</b>	6.2 NAME	<b>CRANE, AMY</b>
STREET ADDRESS	<b>15 PALM DRIVE</b>	6.3 STREET ADDRESS	<b>705 BRANCH DR</b>
CITY-ST-ZIP	<b>ORMOND BCH FL</b>	6.4 CITY-ST-ZIP	<b>PORT ORANGE FL 32127-5854</b>

14. I 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 my address.

SIGNATURE: *Royden Pearson* ROYDEN PEARSON 3-18-98 904.677.4660

CR2E037 (10/97)