

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724779

FILED
Apr 11, 2006
Secretary of State

Entity Name: DAYTONA BEACH ORCHID SOCIETY, INC.

Current Principal Place of Business:

THE CASEMENTS
25 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 250194
HOLLY HILL, FL 321250194 US

New Mailing Address:

P. O. BOX 22
ORMOND BEACH, FL 32175 US

FEI Number: 23-7256690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRINGTON, JOHN C
3065 W. STATE RD. 40
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HICKS, MICHAEL E
Address: 44 COQUINA POINT DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: PEARSON, ROYDEN
Address: 75 LINCOLN AVE.
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: BOND, CHERYL
Address: 723 HORSEMAN DR.
City-St-Zip: PORT ORANGE, FL 32180

Title: D () Delete
Name: WHITESIDE, ROBERT
Address: 29 N.SAINT ANDREWS DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: PLUMLEE, JERRY
Address: 44 COQUINA POINT DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: MARTINO, GENEVIEVE
Address: #1 KATRINAS DR.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: WADLER, MILDRED
Address: 2900 N. ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

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 Chapter 119, 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: MICHAEL E HICKS

PRES

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date