


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90178 003 ****61.25

DOCUMENT # 724779			
1. Entity Name DAYTONA BEACH ORCHID SOCIETY, INC.			
Principal Place of Business THE CASEMENTS 25 RIVERSIDE DRIVE ORMOND BEACH, FL 32176 US		Mailing Address P. O. BOX 22 ORMOND BEACH, FL 32175 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 23-7256690	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOND, CHERYL E 723 HORSEMAN DRIVE PORT ORANGE, FL 32127		Name <i>WOODRUFF, SUZANNE</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>722 Katherine St.</i>	
		<i>Bay South Daytona FL 32119</i>	
		City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Suzanne Woodruff</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOND, CHERYL E 723 HORSEMAN DRIVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presi <i>Woodruff, Suzanne</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>722 Katherine St. Daytona Beach FL 32119</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODRUFF, SUZANNE 722 KATHERINE STREET DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Bill Rogers 125 Brian Crane Ct. Daytona Beach FL 32119</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STORY, SALLY 127 S. HALIFAX DRIVE DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Carole Peterson 75 Lincoln Ave. ORMOND BEACH FL 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITESIDE, ROBERT 29 N. SAINT ANDREWS DR. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKOLSKI, MARSHA 4702 S. ATLANTIC AVENUE PONCE INLET, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Maxine Sharpe</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>129 Coquina Key Dr ORMOND BEACH FL 32176</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCHOLSKI, RON 4700 S. ATLANTIC AVENUE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ryan P. Trean</i>		Date <i>3-31-08</i> Daytime Phone # <i>386 2803055</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	