

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724779

FILED
Apr 27, 2009
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 22
ORMOND BEACH, FL 32175 US

New Mailing Address:

FEI Number: 23-7256690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, CHERYL E
723 HORSEMAN DRIVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

WOODRUFF, SUZANNE
722 KATHERINE ST.
SOUTH DAYTONA, FL 32127 US

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: SUZANNE WOODRUFF

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODRUFF, SUZANNE
Address: 722 KATHERINE ST
City-St-Zip: DAYTONA BEACH, FL 32119

Title: V () Delete
Name: ROGERS, BILL
Address: 125 BRAUN CRANE CT
City-St-Zip: DAYTONA BEACH, FL 32119

Title: S () Delete
Name: PEAKSON, CAROLE
Address: 75 LINCOLN AVE
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: D () Delete
Name: SHARPE, MAXINE
Address: 129 COSUT KEY DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: TUCHOLSKI, RON
Address: 4700 S. ATLANTIC AVENUE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: ROGERS, BILL
Address: 125 BROWN CRANE CT
City-St-Zip: DAYTONA BEACH, FL 32119

Title: S (X) Change () Addition
Name: SANDRA, STUART
Address: 417 CHERRYWOOD
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: D (X) Change () Addition
Name: BOND, BARBARA
Address: 723 HORSEMAN DR
City-St-Zip: PPRT ORANGE, FL 32127

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT P. WHITESIDE, JR.

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date