


**2005-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90108 003 \*\*\*\*61.25

DOCUMENT # N00000005027  
1. Entity Name  
VERO BEACH ORCHID SOCIETY, INC.



Principal Place of Business: C/O IRA C HATCH, ESQ, 1701 HWY A1A, STE 220, VERO BEACH FL 32963  
Mailing Address: P.O. BOX 543, VERO BEACH FL 32961, US

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country



1st MOORE CR2E037 (10/04)

4. FEI Number: NO-T APPLICABLE  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HATCH, IRA C  
1701 HWY A1A, STE 220  
VERO BEACH FL 32963

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: DP NAME: SARACCO, RUTH STREET ADDRESS: 1166 6TH AVENUE CITY-ST-ZIP: VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE: DV NAME: WEINKAUFF, BARBARA STREET ADDRESS: 236 44TH TERRACE SW CITY-ST-ZIP: VERO BEACH FL 32968	<input type="checkbox"/> Delete
TITLE: T NAME: LONG, BARBARA STREET ADDRESS: 2097 CORTEZ AVENUE CITY-ST-ZIP: VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE: S NAME: PHELPS, MARTHA STREET ADDRESS: 1710 SAND DOLLAR WAY CITY-ST-ZIP: VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: President NAME: Barbara Weinkauff STREET ADDRESS: 363 Tangerine Square South CITY-ST-ZIP: Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice President NAME: Virginia Goodwin STREET ADDRESS: 460 46th Court CITY-ST-ZIP: Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Secretary NAME: Salli Petri STREET ADDRESS: 2188 42nd Court SW CITY-ST-ZIP: Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: *Barbara Long* BARBARA LONG 4-28-05 772-562-1924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #