

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90023 011 ****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, No P.O. Box #

5785 36th LANE

3. Mailing Address

1st MOORE CR2E037 (10/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32966

Country

Zip

Country

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

MEW, Douglas

Street Address (P.O. Box Number Not Acceptable)

5785 36th LANE

City

VERO BEACH

FL

Zip Code

32966

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 *Douglas Mew Douglas MEW*

3/14/2008

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	<input checked="" type="checkbox"/> Delete
NAME	PHELPS, MARTHA	
STREET ADDRESS	1710 SAND DOLLAR WAY	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MEW, DOUG	
STREET ADDRESS	5785 36TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LONG, BARBARA	
STREET ADDRESS	2097 CORTEZ AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLINGSWORTH, RON	
STREET ADDRESS	1507 31ST AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, GALE	
STREET ADDRESS	2661 NE 103 AVE	
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, JAIME	
STREET ADDRESS	3900 CANAL DRIVE	
CITY-ST-ZIP	MILCO, FL 32976	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEW, DOUGLAS	
STREET ADDRESS	5785 36 th LANE	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Douglas Mew Douglas MEW*