

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005027

FILED
Jan 27, 2009
Secretary of State

Entity Name: VERO BEACH ORCHID SOCIETY, INC.

Current Principal Place of Business:

5785 36 LANE
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 543
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEW, DOUGLAS
5785 36 LANE
VERO BEACH, FL 32966 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: BAILEY, GASEY
Address: 2661 NE 103 AVE
City-St-Zip: VERO BEACH, FL 32968

Title: V () Delete
Name: LANSON, JAIME
Address: 3900 CANAL DRIVE
City-St-Zip: MICCO, FL 32976

Title: T () Delete
Name: MEW, DOUGLAS
Address: 5785 36TH LANE
City-St-Zip: VERO BEACH, FL 32966

Title: S () Delete
Name: ELLINGSWORTH, RON
Address: 1507 31ST AVENUE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAILEY, GARY
Address: 2661 NE 103 AVE
City-St-Zip: VERO BEACH, FL 32968

Title: V (X) Change () Addition
Name: LAWSON, JAMIE
Address: 3900 CANAL DRIVE
City-St-Zip: MICCO, FL 32976

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

Title: S (X) Change () Addition
Name: GAWLER, SALLY
Address: 1480 SMUGGLERS COVE
City-St-Zip: VERO BEACH, FL 32963

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: DOUGLAS MEW

T

01/27/2009

Electronic Signature of Signing Officer or Director

Date