

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006360

FILED
Feb 02, 2009
Secretary of State

Entity Name: ST. AUGUSTINE ORCHID SOCIETY, INC.

Current Principal Place of Business:

3136 COUNTRY CREEK LANE
ST AUGUSTINE, FL 320865400

New Principal Place of Business:

3136 COUNTRY CREEK LANE
ST AUGUSTINE, FL 32086

Current Mailing Address:

3136 COUNTRY CREEK LANE
ST AUGUSTINE, FL 320865400

New Mailing Address:

3136 COUNTRY CREEK LANE
ST AUGUSTINE, FL 32086

FEI Number: 86-1166211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARK, LOLA
3136 COUNTRY CREEK LANE
ST AUGUSTINE, FL 32086 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: HEINZ, MICHAEL
Address: 9255 NOAH DAVIS ROAD
City-St-Zip: GLEN ST MARY, FL 32040

Title: 1VP () Delete
Name: BOTTOM, SUSAN
Address: 6916 CYPRESS LAKE COURT
City-St-Zip: ST AUGUSTINE, FL 32086

Title: 2VP () Delete
Name: ROWE, VIVIENNE
Address: 108 DRAKE ROAD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: S () Delete
Name: STARK, LOLA
Address: 3136 COUNTRY CREEK LANE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T () Delete
Name: GOURLEY, WILLIAM
Address: 807 KALLI CREEK LANE
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WILLIAM GOURLEY

T

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date