


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005815 (4)**

1. Corporation Name

**PORT ST. LUCIE ORCHID SOCIETY, INC.**

Principal Place of Business

**5403 CITRUS AVENUE  
FORT PIERCE FL 34982**

Mailing Address

**P.O. BOX 8421  
PORT ST LUCIE FL 34985  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/01/1996**

4. FEI Number

**65-0727135**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

**HENDRICKSON, KEVIN H  
310 SOUTH SECOND STREET  
FORT PIERCE FL 34950**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CONTE, FAITH	
STREET ADDRESS	5403 CITRUS AVE	
CITY-ST-ZIP	FT PIERCE FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MURCHAKE, JOHN	
STREET ADDRESS	974 NW PINE LAKE DR	
CITY-ST-ZIP	STUART FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENSON, PAM	
STREET ADDRESS	4062 GREENWOOD DR	
CITY-ST-ZIP	FT PIERCE FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BUTZ, OLMA	
STREET ADDRESS	1682 JE MARIANA ROAD	
CITY-ST-ZIP	PORT ST LUCIE FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, VIVAN	
STREET ADDRESS	1971 FALLON DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SAVILLE, PAUL	
STREET ADDRESS	509 PLACID AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN MURCHAKE	
1.3 STREET ADDRESS	974 NW PINE LAKE DR	
1.4 CITY-ST-ZIP	STUART, FL 34994	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBINSON Robby	
2.3 STREET ADDRESS	1971 Fallon DR	
2.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34983	

3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEPHENSON, PAM	
3.3 STREET ADDRESS	4062 Greenwood Dr.	
3.4 CITY-ST-ZIP	FT. PIERCE, FL 34982	

4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GROVIER, NANCY	
4.3 STREET ADDRESS	1282 BENT PINE COVE	
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	

5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NANCY CLAUDE HE	
5.3 STREET ADDRESS	714 SW ARKANSAS TERR.	
5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	

6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROY C. WILLIAMS	
6.3 STREET ADDRESS	12728 NW BENTLEY Circle	
6.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*Signature of Roy C. Williams*

1-14-98

CR2E037 (10/97)