

5-27-97 B-7671 C  
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FILED  
 May 27 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N96000002016 (1)  
 1. Corporation Name

WEST OSCEOLA ORCHID SOCIETY, INC.



Principal Place of Business  
 2501 OLD WILSON RD  
 KISSIMMEE FL 34747

Mailing Address  
 2501 OLD WILSON RD  
 KISSIMMEE FL 34747

3. Date Incorporated or Qualified 04/08/1996  
 3a. Date of Last Report

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 P.O. Box 423323  
 27 Suite, Apt. #, etc.  
 28 KISSIMMEE, FL  
 29 34742-3323 30 Country

4. FEI Number 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
 VASILJEV, ALEXANDER  
 2501 OLD WILSON RD  
 KISSIMMEE FL 34747

10. Name and Address of New Registered Agent  
 81 Name Mitch Profit  
 82 Street Address (P.O. Box Number is Not Acceptable) 2501 Old Lake Wilson Rd  
 83  
 84 City Kissimmee FL 85 Zip Code 34747

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: *Mitch Profit* 4-15-97  
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIPODI, EUGENIA	1.2 NAME	
STREET ADDRESS	2145 EMPEROR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEVLIN, ALICE	2.2 NAME	
STREET ADDRESS	3104 RED FOX RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURCELL, DOT	3.2 NAME	
STREET ADDRESS	3406 RESTFUL PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMEL, BRENDA	4.2 NAME	
STREET ADDRESS	4423 CYPRESS MILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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]* REQUIRED 5/14/97 407.8708807

CFR2E037 (9/96)