

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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, KISSIMEE FL 34747
 Mailing Address: P.O. BOX 423323, KISSIMEE FL 34742-3323, US

3. Date Incorporated or Qualified: 04/08/1996
 4. FEI Number: NOT APPLICABLE
 Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields for City, State, Zip, and Country.

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

9. Name and Address of Current Registered Agent: PROFFIT, MITCH, 2501 OLD LAKE WILSON RD, KISSIMEE FL 34747

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRIPODI, EUGENIA	
STREET ADDRESS	2145 EMPEROR DR	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TEVLIN, ALICE	
STREET ADDRESS	3104 RED FOX RUN	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PURCELL, DOT	
STREET ADDRESS	3408 RESTFUL PLACE	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HAMEL, BRENDA	
STREET ADDRESS	4423 CYPRESS MILL RD	
CITY-ST-ZIP	KISSIMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rob Williams
2.3 STREET ADDRESS	P.O. Box 120344 N/A
2.4 CITY-ST-ZIP	Clermont, FL 34712
3.1 TITLE	Secretary D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marjorie Krotts
3.3 STREET ADDRESS	1214 E. Lake Shore Blvd.
3.4 CITY-ST-ZIP	St. Cloud, FL 34770
4.1 TITLE	Treasurer D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Frances Purcell
4.3 STREET ADDRESS	3406 Restful Place
4.4 CITY-ST-ZIP	Kissimmee, FL 34746
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Frances Purcell* FRANCES PURCELL 7/6/98 407-933-5441
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)