

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 09, 1999 8:00 am
Secretary of State

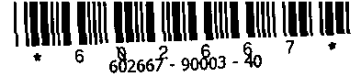
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002016

1. Corporation Name
WEST OSCEOLA ORCHID SOCIETY, INC.

Principal Place of Business 2501 OLD WILSON RD KISSIMMEE FL 34747	Mailing Address P.O. BOX 423323 KISSIMMEE FL 34742-3323 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/08/1996
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
23. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

9. Name and Address of Current Registered Agent

PROFFIT, MITCH
 2501 OLD LAKE WILSON RD
 KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRIPODI, EUGENIA		1.2 NAME	
STREET ADDRESS 2145 EMPEROR DR		1.3 STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE FL		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, ROB		2.2 NAME	
STREET ADDRESS P O BOX 120344		2.3 STREET ADDRESS	
CITY-ST-ZIP CLERMONT FL 34712		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KROTTS, MARJORIE		3.2 NAME	
STREET ADDRESS 1214 E LAKE SHORE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP ST CLOUD FL 34770		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PURCELL, FRANCES		4.2 NAME	TD GARY GUDAH
STREET ADDRESS 3406 RESTFUL PLACE		4.3 STREET ADDRESS	1521 CHERI CT
CITY-ST-ZIP KISSIMMEE FL 34746		4.4 CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D FRANCES PURCELL
STREET ADDRESS		5.3 STREET ADDRESS	3406 RESTFUL PLACE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	KISSIMMEE FL 34746
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 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, with all other like empowered.

SIGNATURE: *Frances Purcell* SIGNATURE REQUIRED **FRANCES PURCELL** 8/2/99 407-933-5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (5/99)