



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90568 009 ****70.00

DOCUMENT # 701240 1. Entity Name BREVARD COUNTY ORCHID SOCIETY, INC.					
Principal Place of Business 3135 WEBER ROAD MALABAR, FL 32950				Mailing Address 3135 WEBER ROAD MALABAR, FL 32950 US	
2. Principal Place of Business 4909 ROSEWOOD LN Suite, Apt. #, etc.		3. Mailing Address 4909 ROSEWOOD LN Suite, Apt. #, etc.			
City & State MELBOURNE, FL Zip 32940 Country US		City & State MELBOURNE, FL Zip 32940 Country US		4. FEI Number 59-2381497	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BLOCH, HELEN K 3135 WEBER ROAD MALABAR, FL 32950			7. Name and Address of New Registered Agent Name WEBER, FRANCES C. Street Address (P.O. Box Number is Not Acceptable) 4909 ROSEWOOD LANE City MELBOURNE FL Zip Code 32940		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Frances C. Weber, Treasurer</u> 23 April 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCH, VERNON C 3135 WEBER ROAD MALABAR, FL 32950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEPF, JULIE 405 SANDERLING DR. INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZERF, JULIE 405 SANDERLING DR INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAZZA, LORNA 8220 COMPTON WAY MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBER, FRANCES 4909 ROSEWOOD LANE MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, DALE 491 ORLOV RD NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRADDY, BILL 449 DOLPHIN CIRCLE BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, BILL 1643 RED BUD CIRCLE NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAMBERS, ELAINE 335 PARADISE BLVD #62 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYSON, JOE 290 CHERRY ST SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOCH, HELEN K 3135 WEBER ROAD MALABAR, FL 32950	<input checked="" type="checkbox"/> Delete	12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: FRANCES C. WEBER <u>Frances C. Weber</u> 23 April 2004 (321) 255-2271 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					