

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701240

**Entity Name:** BREVARD COUNTY ORCHID SOCIETY, INC.

**Current Principal Place of Business:**

1947 ADAMS AVE  
MELBOURNE, FL 32935

**Current Mailing Address:**

1947 ADAMS AVE  
MELBOURNE, FL 32935 US

**FEI Number:** 59-2381497

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VASCONI, JOHN S  
1947 ADAMS AVE  
MELBOURNE, FL 32935 US

*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.*

**SIGNATURE:** JOHN S.VASCONI

02/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BRYSON, JOE  
Address 290 CHERRY DR  
City-State-Zip: SATELLITE BEACH FL 32937

Title V  
Name DECARLO, LAURA  
Address 1665 CLOVER CIRCLE  
City-State-Zip: MELBOURNE FL 32935

Title T  
Name VASCONI, JOHN S  
Address 1947 ADAMS  
City-State-Zip: MELBOURNE FL 32935

Title S  
Name INGALLS, JOYCE  
Address 172 S.E. 3RD ST.  
City-State-Zip: SATELLITE BEACH FL 32937

Title D  
Name BRYSON, BOONYUEN  
Address 290 CHERRY DR  
City-State-Zip: SATELLITE BEACH FL 32937

Title D  
Name CHAFFEE, MARIA  
Address 1394 LAKEWOOD DR  
City-State-Zip: MELBOURNE FL 32935

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN S. VASCONI

**TREASURER**

02/16/2015

Electronic Signature of Signing Officer/Director Detail

Date