

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701240

**FILED**  
**Mar 12, 2013**  
**Secretary of State**  
**CC4265994352**

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

**Current Principal Place of Business:**

8220 COMPTON WAY  
MELBOURNE, FL 32940

**Current Mailing Address:**

8220 COMPTON WAY  
MELBOURNE, FL 32940 US

**FEI Number:** 59-2381497

**Certificate of Status Desired:** No

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

MAZZA, LORNA  
8220 COMPTON WAY  
MELBOURNE, FL 32940 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:** \_\_\_\_\_

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 MAZZA, LORNA  
Address 8220 COMPTON WAY  
City-State-Zip: MELBOURNE FL 32940

Title S  
Name BURD, STEFFANI  
Address 2835 NORTH HIGHWAY A1A  
#802  
City-State-Zip: INDIALANTIC FL 32903

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:** LORNA S. MAZZA

**TREASURER**

**03/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date