2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704918

Entity Name: JACKSONVILLE ORCHID SOCIETY

Current Principal Place of Business:

3611 RICHMOND ST JACKSONVILLE, FL 32205

Current Mailing Address:

3611 RICHMOND ST

JACKSONVILLE, FL 32205

FEI Number: 59-2138734 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAVIN, MARGARET 3611 RICHMOND ST JACKSONVILLE, FL 32205 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

FILED Mar 13, 2015

Secretary of State

CC2566520345

Officer/Director Detail:

Title PRESIDENT Title 1

Name VAN BROCKLIN, JOHN Name BARR, JANE

Address 5211 GREENWAY DRIVE N. Address 9153 SMOKE TREE DR

City-State-Zip: JACKSONVILLE FL 32244 City-State-Zip: JACKSONVILLE FL 32244

TitleVPTitleDIRECTORNameJOHNSON, MARGIENameRUSSELL, ARTAddress3339 ROBALLO WAYAddress1811 NORWAY DR.

City-State-Zip: JACKSONVILLE FL 32223 City-State-Zip: ORANGE PARK FL 32003

Title VP Title SECRETARY

Name MCELROY, HARRY Name SCHWAB, STACEY

Address 12010 HOOD LANDING RD. Address PO BOX 57732

City-State-Zip: JACKSONVILLE FL 32258 City-State-Zip: JACKSONVILLE FL 32241

Title DIRECTOR Title DIRECTOR

Name CLOUSE, CHUCK Name ALWYN, OXX

Address 6454 POTTSBURG DR. Address 1823 BRANCHVINE DR. W. City-State-Zip: JACKSONVILLE FL 32211 City-State-Zip: JACKSONVILLE FL 32246

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 VANBROCKLIN

PRESIDENT

03/13/2015