

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713878

**Entity Name:** MARTIN COUNTY ORCHID SOCIETY, INC.**Current Principal Place of Business:**1001 S KANNER HWY  
STUART, FL 34997**Current Mailing Address:**PO BOX 3211  
STUART, FL 34994 US**FEI Number:** 59-1206749**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELAND, JOHN  
3418 SW COCO PALM DR  
PALM CITY, FL 34990-3158 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           | T                |
| Name            | FLOWERS, MICHELE |
| Address         | 2966 SW 96TH ST  |
| City-State-Zip: | STUART FL 34997  |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | PARRISH, WAYNE      |
| Address         | 6431 SE WINDSONG LN |
| City-State-Zip: | STUART FL 34997     |

|                 |                        |
|-----------------|------------------------|
| Title           | DIR                    |
| Name            | NICKERSON, DAVID       |
| Address         | 6687 SE SILVERBELL AVE |
| City-State-Zip: | STUART FL 34997        |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | SMITH, ANNETTE      |
| Address         | 6947 SE SOURWOOD DR |
| City-State-Zip: | STUART FL 34997     |

|                 |                       |
|-----------------|-----------------------|
| Title           | S                     |
| Name            | KOSLOSKI, SALLY       |
| Address         | 8945 SE BAHAMA CIRCLE |
| City-State-Zip: | HOBE SOUND FL 33455   |

|                 |                      |
|-----------------|----------------------|
| Title           | P                    |
| Name            | WELAND, JOHN         |
| Address         | 3418 SW COCO PALM DR |
| City-State-Zip: | PALM CITY FL 34990   |

*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 WELAND**PRESIDENT****01/23/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date