

2016 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****01/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date