

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005815

Entity Name: PORT ST. LUCIE ORCHID SOCIETY, INC.**Current Principal Place of Business:**11761 SW MOUNTAIN ASH CIRCLE
PORT ST LUCIE, FL 34987**Current Mailing Address:**P.O. BOX 8421
PORT ST LUCIE, FL 34985 US**FEI Number:** 65-0727135**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WADE, LAURIE
2505 SE GOWIN DRIVE
PORT ST LUCIE, FL 34952 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:** LAURIE WADE

01/12/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	ROTHSCHILD, NANETTE
Address	11761 SW MOUNTAIN ASH CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34987

Title	VP
Name	WALTER, SLADE
Address	4505 WANDERING OAK COURT
City-State-Zip:	JENSEN BEACH FL 34957

Title	2VP
Name	WILHELM, FRITZ
Address	4570 SE HAMMOCK CREEK DRIVE
City-State-Zip:	PALM CITY FL 34990

Title	S
Name	DEMARCO, DANA
Address	926 SE CARAVAN AVENUE
City-State-Zip:	PORT ST LUCIE FL 34983

Title	T
Name	WADE, LAURIE
Address	2505 SE GOWIN DRIVE
City-State-Zip:	PORT ST LUCIE FL 34952

Title	CS
Name	HOPE, SHIRLEY
Address	1843 SW JAMESPORT DRIVE
City-State-Zip:	PORT ST LUCIE FL 34953

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: LAURIE WADE**TREASURER**

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date