

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90190 011 ****61.25

DOCUMENT # 701240 1. Entity Name BREVARD COUNTY ORCHID SOCIETY, INC.					
Principal Place of Business 4909 ROSEWOOD LANE MELBOURNE, FL 32940			Mailing Address 4909 ROSEWOOD LANE MELBOURNE, FL 32940 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01082006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2381497				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, FRANCES C 4909 ROSEWOOD LANE MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEPF, JULIE 405 SANDERLING DR INDIALANTIC, FL 32903 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYSON, JOE 290 CHERRY ST SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBER, FRANCES 4909 ROSEWOOD LANE MELBOURNE, FL 32940 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COPIJA, TERRY 4338 LIGUSTRUM DRIVE MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, BILL 1643 RED BUD CIRCLE NW PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNHAM, ED 3400 WILDERNESS LANE MELBOURNE, FL 329348417 <input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
SECRETARY TAMI SALAZAR 1267 JADE LANE PALM BAY, FL 32909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
D SIMONE SPIESS 6177 NTROPICAL TRAIL MERRITT ISLAND, FL 32953-7214 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
D HELGA LAMB 11590 POINT DRIVE S. MERRITT ISLAND, FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Frances C Weber (FRANCES C WEBER) 9 JAN 2006 (321) 255-2271 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					