FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701688 (4)

1. Corporation Name
CENTRAL FLORIDA ORCHID SOCIETY INC

Principal Place of Business	Mailing Address
POST OFFICE BOX 3105 ORLANDO FL 32802-3105	POST OFFICE BOX 3105 ORLANDO FL 32802-3105

3. Date Incorporated or Qualified: 11/18/1960
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-6151072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOFFAT, MARIAN
1705 BRIERCLIFF DR.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: WAYNE T. McGONIGAL
82 Street Address (P.O. Box Number is Not Acceptable): 10173 MASON DIXON CR.
83: O
84 City: ORLANDO FL 85 Zip Code: 32821

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Wayne T. McGonigal WAYNE T. McGONIGAL, PRESIDENT 3/13/96
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DALE E. EMENHEISER 9 W. HAZEL ST ORLANDO FL 32804-3825	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT WAYNE T. McGONIGAL 10173 MASON DIXON CR. ORLANDO FL 32821	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANN MANN 9045 RON DEN LN APOPKA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DON SARLES VICE PRESIDENT 875 LOOKOUT LANE OSTEEN, FL 32764	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KIMBERLY KMETT 810 S. MYTLE AVE SANFORD FL 32772-2983	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY SUZANNE EATON 5849 MARBLE CT. WINTER PARK FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERT RUPP 117 WESTERN FORK LONGWOOD FL 32750	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TREASURER AL SUPPLEE 807 HARDWICK AVE. ORLANDO, FL 32825	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLILAND, ED 48 INTERLAKEN ROAD ORLANDO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRINCE, CHARLOTTE 4143 EDGEWATER DRIVE ORLANDO FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR WANDA SARLES 875 LOOKOUT LANE OSTEEN, FL 32764	☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne T. McGonigal WAYNE T. McGONIGAL 3/13/96 352-4726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)