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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCGONIGAL, WAYNE T. 10173 MASON DIXON CIRCLE ORLANDO FL 32821	81 Name: Pat Pace 82 Street Address (P.O. Box Number is Not Acceptable): 5235 Forzley St. 83 84 City: Orlando FL 85 Zip Code: 32812

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: Pat Pace President — 3/4/98
Signature, typed 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	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MCGONIGAL, WAYNE		1.2 NAME	Pat Pace	
STREET ADDRESS	10173 MASON DIXIE CIRCLE		1.3 STREET ADDRESS	5235 Forzley St.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, Fl 32812	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAPITANO, ANTHONY		2.2 NAME		
STREET ADDRESS	851 E VOTAW RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	(same)	
TITLE	S	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	EATON, SUZANNE		3.2 NAME	Roberta McIlhenny	
STREET ADDRESS	5849 MARBLE COURT		3.3 STREET ADDRESS	11135 Fountain Lake Blvd.	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Leesburg, Fl. 34788	
TITLE	T	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	SUPPLEE, AL		4.2 NAME	Mark Taylor	
STREET ADDRESS	807 HARDWICK AVENUE		4.3 STREET ADDRESS	821 Orangewood Dr.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Oveido, Fl 32765	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEELE, JERRY		5.2 NAME		
STREET ADDRESS	6146 RANIER DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	(same)	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SARLES, WANDA		6.2 NAME	Don Newton	
STREET ADDRESS	875 LOOKOUT LANE		6.3 STREET ADDRESS	729 Braidwood Ln.	
CITY-ST-ZIP	OSTEEN FL		6.4 CITY-ST-ZIP	Orlando Fl 32803	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Pat Pace Pat Pace — 11/15/98 — 341-2456