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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701688

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

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	3. Date Incorporated or Qualifed 11/18/1960 4. FEI Number 59-6151072 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PACE, PAT
5235 FORZLEY ST
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PACE, PAT		1.2 NAME		
STREET ADDRESS	5235 FORZLEY ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	2.1 TITLE	V	☐ Change ☑ Addition
NAME	CAPITANO, ANTHONY		2.2 NAME	CLIFFORD, ROBERT	
STREET ADDRESS	851 E VOTAW RD		2.3 STREET ADDRESS	PO BOX 2368	
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCILHENNY, ROBERTA		3.2 NAME		
STREET ADDRESS	11135 FOUNTAIN LAKE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		3.4. CITY-ST-ZIP		
TITLE	T	☑ DELETE	4.1 TITLE	SAME	☑ Change ☐ Addition
NAME	TAYLOR, MARK		4. 2 NAME	SAME	
STREET ADDRESS	821 ORANGEWOOD DR		4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	OVEIDO FL 32765		4.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	STEELE, JERRY		5.2 NAME	JAMES FORD	
STREET ADDRESS	6146 RAINER DR		5.3 STREET ADDRESS	1505 SHADY ACRES LN.	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	APOPKA, FL. 32703	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NEWTON, DON		6.2 NAME		
STREET ADDRESS	729 BRAIDWOOD LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Pat Pace SIGNATURE REQUIRED 1/6/99 (407) 381-2456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #