

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90408 016 ****61.25

DOCUMENT # 701688

1. Entity Name

CENTRAL FLORIDA ORCHID SOCIETY INC



Principal Place of Business

POST OFFICE BOX 3105
ORLANDO FL 32802-3105

Mailing Address

POST OFFICE BOX 3105
ORLANDO FL 32802-3105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6151072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DASSE, FRANK
972 OAKPOINT CIRCLE
APOPKA FL 32712

Name

Steele, Jerry

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

4806 W. Kelly Park Road

City

Apopka

FL

Zip Code

33712

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.

SIGNATURE

Jerry Steele, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

3/1/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DASSE, FRANK 972 OAKPOINT CIRCLE APOPKA FL 32712	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWSON, JAMIE 1301 WELSER AVE. NE PALM BAY FL 32907-1120	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACKHAUS, ELAINE 739 S EDMOND AVE WINTER SPRINGS FL 32708	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITTLE, PAUL 3310 RIDER PL ORLANDO FL 32817	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, JIM 1200 HOWELL BRANCH RD WINTER PARK FL 32789	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACKHAUS, DAN 739 S EDMOND AVE WINTER SPRINGS FL 32708	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Steele, Jerry 4806 W. Kelly Park Road Apopka, Florida 33712	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOUG SKINING 1030 Butler Creek Court ONIEDO, FL 32765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARL Wilson 1610 Gladiolas Dr. WINTER PARK, FL 32792	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARJORIE SCARLETT 654 CRICKLEWOOD TERR. HEATHROW, FL 32746	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONYETT, Roy 33030 Little Hamaton Ct Sorrento, FL 32776	☒ Change ☐ Addition

12. 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 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:

CARL Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL Wilson 3-16-04

Date

Daytime Phone #