2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90325 007 ****61.25

DOCUMENT # 701688

1. Entity 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

1st MOORE CR2E037 (10/04)

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

STEELE, JERRY
4806 W. KELLY PARK ROAD
~~SAINT PETERSBURG~~ FL 33712
Apopka

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 STEELE, JERRY 4806 W. KELLY PARK ROAD APOPKA FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	V Smith, Frank 2815 W. Parkan Rd Apopka, Fl 32712 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SINNING, DOUG 1020 BUTLER CREEK CT. OVIEDO FL 32765	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ralph Huber 168 S Alder Dr. Orlando, Fl 32807 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILSON, CARL 1610 GLADIOLAS DR. WINTER PARK FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARLETT, MARJORIE 654 CRICKWOOD TERR HEATHROW FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ONYETT, ROY 33030 LITTLE HAMPTON CT. SORRENTO FL 32776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 W Jon CARL W. WILSON 4/21/05 321-277-0072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #