

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701688

FILED  
Mar 30, 2007  
Secretary of State

**Entity Name:** CENTRAL FLORIDA ORCHID SOCIETY INC

**Current Principal Place of Business:**

POST OFFICE BOX 3105  
ORLANDO, FL 328023105

**New Principal Place of Business:**

1920 N. FOREST AVE.  
ORLANDO, FL 328031537

**Current Mailing Address:**

POST OFFICE BOX 3105  
ORLANDO, FL 328023105

**New Mailing Address:**

**FEI Number:** 59-6151072      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, SHIRLEY K  
5024 ST. GERMAIN AVE  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEELE, JERRY  
Address: 4806 W. KELLY PARK ROAD  
City-St-Zip: APOPKA, FL 32712

Title: PD ( ) Delete  
Name: SMITH, FRANK  
Address: 2815 W. PONKAN RD  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: HUBER, RALPH  
Address: 168 S ALDER DR  
City-St-Zip: ORLANDO, FL 32807

Title: TD ( ) Delete  
Name: ROBINSON, SHIRLEY K  
Address: 5024 ST. GERMAIN AVE  
City-St-Zip: ORLANDO, FL 32812

Title: VD ( ) Delete  
Name: WOLD, COLLEEN  
Address: 31 N. LAKE TRIPLET DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: SD ( ) Delete  
Name: ZUBROD-PINKHAM, MARY  
Address: 308 SHADOW OAK DR.  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY K. ROBINSON

TD

03/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date