

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701688

FILED
Apr 05, 2010
Secretary of State

Entity Name: CENTRAL FLORIDA ORCHID SOCIETY INC

Current Principal Place of Business:

1920 N. FOREST AVE.
ORLANDO, FL 328031537

New Principal Place of Business:

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: PD
Name: CHAPMAN, CHARLES SR
Address: 3321 W.KELLY PARK RD.
City-St-Zip: APOPKA, FL 32712 US

Title: D
Name: SARLES, DONALD
Address: 815 LOOKOUT LANE
City-St-Zip: OSTEEN, FL 32764 US

Title: SD
Name: FANTOZZI, MARJORIE
Address: 475 NEWHEARTH CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: TD
Name: ROBINSON, SHIRLEY K
Address: 5024 ST. GERMAIN AVE
City-St-Zip: ORLANDO, FL 328121144 US

Title: SD
Name: CROSS, KRISTINE
Address: 1908 BLOSSOM LANE
City-St-Zip: MAITLAND, FL 32751 US

Title: VD
Name: LEWIS, GEORGEANNE
Address: 3820 FINCH STREET
City-St-Zip: ORLANDO, FL 32803 US

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY K. ROBINSON

TD

04/05/2010

Electronic Signature of Signing Officer or Director

Date