

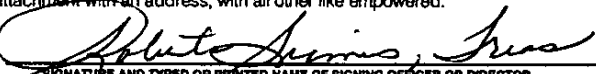


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90023 012 ****61.25

DOCUMENT # 704918 1. Entity Name JACKSONVILLE ORCHID SOCIETY					
Principal Place of Business 1261 ALDERMAN RD, E JACKSONVILLE, FL 32211			Mailing Address 1261 ALDERMAN RD, E JACKSONVILLE, FL 32211		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01102005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2138734	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FANT, WAVERLY F 1261 ALDERMAN RD, E JACKSONVILLE, FL 32211			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	VP SCHUDEL, GEORGE 201 LEE DR N MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAN RAGAN 126 WILD ORCHID LANE ORANGE PARK, FL 32073
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARABEDIAN, JOHN 2566 WINFIELD LANE ORANGE PARK, FL 32050	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, JUDITH G 24032 NW 63RD AVE LAWTEY, FL 320589402	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIAN ESTERAK 5020 TAYLOR CREEK DR. JACKSONVILLE, FL 32258
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, KEITH 1702 MANDARIN ESTATES ROAD JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUDEL, GEORGE 201 LEE DRIVE, N MIDDLEBURG, FL 32068
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AITON, MOTE 1102 OSSA CT JACKSONVILLE, FL 322261123	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTA SIMMS 4220 LONGFELLOW ST. 2865 Mayport Rd #3 JACKSONVILLE, FL 32210 Atlantic Beach, FL 32208
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMMS, ROBERTA 4220 LONGFELLOW ST JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCES KIRBY 5629 HOLLYBELL DR. #3 JACKSONVILLE, FL 32277
<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/16/05 Daytime Phone #: 635-2251					