


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90389 038 ****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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01302006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2138734		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FANT, WAVERLY F 1261 ALDERMAN RD, E JACKSONVILLE, FL 32211		Name <i>Margaret Carin</i> Street Address (P.O. Box Number is Not Acceptable) <i>3611 Richmond St</i> City <i>Jacksonville</i> FL Zip Code <i>32205</i>	

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 *Margaret Carin* **2-22-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP NAME RAGEN, JAN STREET ADDRESS 126 WILD ORCHID LANE CITY-ST-ZIP ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ZARABEDIAN, JOHN STREET ADDRESS 2566 WINFIELD LANE CITY-ST-ZIP ORANGE PARK, FL 32050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ESTERAK, BRIAN STREET ADDRESS 5020 TAYLOR CREEK DR CITY-ST-ZIP JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME SCHUDEL, GEORGE STREET ADDRESS 201 LEE DRIVE DR N CITY-ST-ZIP MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME SIMMS, ROBERTA STREET ADDRESS 2865 MAYPORT RD #3 CITY-ST-ZIP ATLANTIC BEACH, FL 32235	<input checked="" type="checkbox"/> Delete	TITLE <i>TREASURER</i> NAME <i>CELIA McELROY</i> STREET ADDRESS <i>12010 HOOO LANDING</i> CITY-ST-ZIP <i>JACKSONVILLE, FL 32218-2031</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME KIRBY, FRANCES STREET ADDRESS 5629 HOLLYBELL DR # 3 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Celia McElroy - Treasurer* **4-1-06** **904-262-2463**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #